



**IEMA-OHS OFFICE OF NUCLEAR SAFETY
1035 OUTER PARK DRIVE
SPRINGFIELD, ILLINOIS 62704**

**Application Form for a Portable Device
Radioactive Materials License**

Complete all items if this is an initial application or renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit the original application to the IEMA-OHS Office of Nuclear Safety.

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 32 Ill. Adm. Code 330. Disclosure of this information is required. Please be aware, however, that Agency rules require that an application for renewal of a specific license be filed with the Agency at least 30 days prior to the expiration date. This allows for licensed activities lawfully to continue beyond the expiration date pending Agency review of the renewal application, should such review extend beyond the expiration date. Failure to provide all requested information may result in denial of your application for radioactive material license issuance or renewal.

Item 1. This is an application for:

New Portable Device License **OR** Amendment Renewal of License Number: _____

Item 2. Applicant's name and mailing address

Applicant must be the legal entity or individual responsible for the license.

Licensee Name:

Address:

Email:

City, State, Zip:

Phone:

Illinois Secretary of State Registration, or a similar registration in another state, is Attached

Item 3. Person(s) authorized to act on behalf of licensee

If additional space is required, submit an attachment with the information required. Indicate if changes to person(s) previously authorized are needed.

Name:

Title:

Address:

Email:

City, State, Zip:

Phone:

Full time employee of licensee or Position and/or Relationship to licensee:

If any individual listed above is unknown to the Agency (not listed on any license previously), complete the *Release and Authorization Full Due Diligence Form* ("Background Check") to expedite processing of the application.

<https://iemaohs.illinois.gov/nrs/radsafety/guidance.html>

Item 4. Address where radioactive material will be either: Used(only), Stored(only), or Both

If additional space is required, submit an attachment with the information required.

Site Address(es):

Used
 Stored
 Used and Stored

The Applicant owns the property/facility.
 The Applicant **does not** own the property. Attach letter signed by facility/owner acknowledging use/storage of RAM at this location

City, State, Zip:

Contact Name:

Phone:

Email:

Request TEMPORARY JOBSITES (≤ 180 days during any consecutive twelve-month period)

Item 5. Individual(s) who will use radioactive materials: Authorized Users (AUs)	
<input type="checkbox"/> The full name of at least one individual who will use or directly supervise the use of radioactive material in portable devices is attached with evidence of their training and experience; and	
EITHER:	
<input type="checkbox"/> All additional authorized users for this license will complete the manufacturer's training course or an equivalent, Agency-accepted training course prior to unsupervised use of radioactive material. Such training shall include completion of the United States Department of Transportation hazardous materials training (49 CFR 172, Subpart H). Training records for all authorized users shall be maintained for Agency Inspection.	
OR	
<input type="checkbox"/> All additional authorized users for this license will complete an in-house training program. A description of the training program covering the items described in Item 5 of Instructional Set 65.0 (Rev. 3, 2023) is attached. Such training shall include completion of the United States Department of Transportation hazardous materials training (49 CFR 172, Subpart H). Training records for all authorized users shall be maintained for Agency Inspection.	
OR	
<input type="checkbox"/> All authorized users for this license and evidence of their training and experience relative to radioactive material use are specified in an attachment to this application. An amendment will be submitted for any changes.	

Item 6. Radiation Safety Officer (RSO)	
Full Name:	Title:
Address:	Email:
City, State, Zip:	Phone:
The proposed RSO is:	
<input type="checkbox"/> A full-time employee of licensee OR <input type="checkbox"/> Position and/or Relationship is as follows: _____	
<input type="checkbox"/> Attached evidence of RSO Training and Experience	
<input type="checkbox"/> Duties are stated in Appendix F of Instructional Set 65.0 (Rev. 3, 2023).	
OR	
<input type="checkbox"/> Duties and responsibilities of the RSO are attached. NOTE: Duties and Responsibilities of the RSO need to include an annual review of the radiation safety program as required under 32 Ill. Adm. Code 340.110(c).	
<input type="checkbox"/> Delegation of Authority Statement signed by both management and the RSO is attached. (A template is available in Appendix F)	
<input type="checkbox"/> RSO is available to respond to questions or operational issues approximately _____ hours per week	
<input type="checkbox"/> Applicant has specified time required for RSO to arrive at facility when needed: _____ hours	
<input type="checkbox"/> We request authorization for the RSO to delegate duties as stated in Appendix F.1 of Inst. Set 65.0 (Rev. 3, 2023)	
If the proposed RSO is unknown to the Agency (not listed on any license previously), complete the <i>Release and Authorization Full Due Diligence Form</i> ("Background Check") to expedite processing of the application. https://iemaohs.illinois.gov/nrs/radsafety/guidance.htmlf	

Item 7. Radioactive Material, Device and Use				
				<input type="checkbox"/> See Attachment in lieu of table below
Device Manufacturer and Model	Quantity Requested	Radioactive Source and Activity	Radioactive Source Manufacturer & Model	Use

Item 8. Instrumentation
<input type="checkbox"/> Completed Exhibit B from Instructional Set 65.0 (Rev. 3, 2023), is attached (or equivalent documentation) OR
<input type="checkbox"/> Not Applicable. Our Emergency Procedures include provisions to obtain appropriate instrumentation in the event of an emergency. Additionally, we will not be providing non-routine maintenance which involves access to the sources/ source holders or analyzing leak tests samples.

Item 9. Instrument Calibration (Mark one)
<input type="checkbox"/> Radiation survey/monitoring instruments will be calibrated by a licensed service provider. We will maintain a copy of the company's license authorizing such services. OR
<input type="checkbox"/> We will calibrate radiation survey/monitoring instruments in accordance with the attached procedures, which contain all information requested in Appendix H, item 1 of Instructional Set 65.0 (Rev. 3, 2023) OR
<input type="checkbox"/> Not applicable. (Item 8 is marked "Not applicable")

Item 10. Facilities and Equipment
<input type="checkbox"/> Diagrams of Radioactive Materials Use and Storage areas, as described in Item 10 of Instructional Set 65.0 (Rev. 3, 2023), are attached.
<input type="checkbox"/> We acknowledge the security requirements in 32 Ill. Adm. Code 340.810(g) that apply to portable gauge licensees regardless of the location (storage on vehicles, temporary job sites or permanent facilities). Depictions and/or descriptions of how these requirements will be met are attached. See Item 13(l) in Instructional Set 65.0 (Rev. 3, 2023) for additional guidance.

Item 11. Public Dose Calculations
<input type="checkbox"/> Public dose calculations are attached. (Required if > 2 gauges or >10 XRF devices are requested to be possessed within the same storage/use location. A sample calculation is available in Appendix I of Instructional Set 65.0 (Rev. 3, 2023) OR
<input type="checkbox"/> Not applicable. We are requesting (2) gauges or less, or (10) XRF devices or less.

Item 12. Procedure for Ordering and Receiving Radioactive Material and Safely Opening Radioactive Material Packages (Mark all that apply)
<input type="checkbox"/> Packages containing radioactive material will not be received after normal working hours.
<input type="checkbox"/> We will use the procedure identified in Appendix K of Instructional Set 65.0 (Rev. 3, 2023) OR
<input type="checkbox"/> Alternate procedures, addressing the issues in Appendix K, are attached for Agency review.

Item 13. General Rules for the Safe Use of Radioactive Material & Security Requirements (Mark all that apply)
<input type="checkbox"/> We will use the procedure identified in Appendix L of Instructional Set 65.0 (Rev. 3, 2023), not including maintenance/repair involving dismantling of shielding or shutter device or removal of sources or source holders. OR
<input type="checkbox"/> Alternate General safety instructions, addressing the requirements in Appendix L, are attached.
<input type="checkbox"/> We will use the utilization log for device accountability and the six-month physical inventory identified in Appendix M of Instructional Set 65.0 (Rev. 3, 2023) OR
<input type="checkbox"/> An alternate utilization log for device accountability and the six-month inventory is attached for review.

NON-ROUTINE ACTIVITIES:

- We request authorization to perform non-routine maintenance/repair which may involve dismantling of shielding or shutter devices and/or removal of sources or source holders. Procedures are attached as well as the qualifications of associated personnel.
- We request authorization for use of portable gauging devices which may require lowering of the sealed source into the ground more than three feet. Emergency procedures for stuck source recovery are attached.

Item 14. General Emergency Procedure (Mark all that apply)

- Emergency contact information is provided, including for other than normal working hours.
- We will use the procedure identified in Appendix N of Instructional Set 65.0 (Rev. 3, 2023)
OR
- Alternative Emergency Procedures are attached for Agency review.
- We have requested authorization for use of portable gauging devices requiring lowering of the sealed source into the ground more than three feet. Emergency procedures for stuck source recovery are attached.
OR
- Emergency Procedures for stuck source recovery are not applicable.

Item 15. Device Transfer and Waste Disposal

- Portable device and source transfer/waste disposal will be in accordance with 32 Ill. Adm. Code 340.1010. The licensee will obtain a copy of the transferee's license and verify their authorization to possess prior to transfer.

Item 16. Testing Sealed Sources for Leakage and/or Contamination (Mark one)

- We will use a licensed service provider to perform analysis of leakage and/or contamination samples. We will maintain a copy of the company's license authorizing such services.
OR
- We will perform our own analyses for source leakage and/or contamination. Procedures containing the information identified in Appendix O of Instructional Set 65.0 (Rev. 3, 2023) are attached.

Item 17. Personnel Monitoring (Mark all that apply)

Type	Exchange Frequency	OSL	TLD	Self-reading or electronic personal dosimeters
Whole body		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- We will provide dosimetry of the type and frequency specified in the table above.
OR
- Not applicable. Portable device users are not anticipated to exceed 10% of annual dose limits. Dose calculations are attached. A sample calculation is available in Appendix P of Instructional Set 65.0 (Rev. 3, 2023).

Item 18. License Fees (Refer to 32 Ill. Adm. Code 331)

- Not Applicable (Agency of a State, County or Municipality Government or an Educational Institution as defined in 32 Ill. Adm. Code 331.110)

Do not submit your fee payment. New applicants will be billed a prorated fee for the portion of the billing year remaining from the date the application is received. Licensees adding sites or changing fee categories will be billed when the license is amended. Existing licensees and applicants are also subject to annual bills as specified in 32 Ill. Adm. Code 331.

Fee Category: _____ (See Appendix E of 32 Ill. Adm. Code Part 331 for fee categories)

NOTE: A pre-licensing site visit is required prior to issuing a new (not renewed) radioactive materials license. An Agency representative will contact the applicant after all items of the application have been reviewed and accepted. All construction must be complete and items related to your radiation safety program put in place prior to the visit.

Item 19. Financial Assurance

Financial Assurance requirements are generally not applicable for portable device users. Applicants should refer to 32 Ill. Adm. Code 326.50 to confirm exempt criteria. If applicable, the applicant must satisfy 32 Ill. Adm. Code 326.

NEW APPLICANT (Check one)

- Exempt \$25,000 instrument will be provided prior to issuance of license Reclamation plan/cost estimate attached

RENEWAL OR AMENDMENT (Check one)

- Exempt Existing document reviewed – no changes necessary Limiting condition applies
 Updated reclamation plan/cost estimate attached

ITEM 20. Certification:

Every applicant must complete Section A:

A: I have reviewed the above items and hereby certify that my radiation protection program meets the current 32 Ill. Adm. Code, radioactive materials license with active amendments, operating procedures and ALARA Program, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Title: _____ Applicant's FEIN: _____

Complete Section B *only* if the applicant is an individual:

B. If you are applying as an individual, rather than as a corporation or other legal entity, you must provide the following information in order to process your application:

Have you defaulted on an educational loan guaranteed by the Illinois Student Assistance Commission? Yes No

I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. Failure to certify may result in a denial of the license and making a false statement may subject you to contempt of court. (5 ILCS 100/10-65)

I declare that all information either included with or appearing on this application is accurate and true to the best of my knowledge.

Signature: _____ Social Security Number: _____

Title: _____ Date: _____

If the applicant is an individual and is unknown to the Agency (not listed on any license previously), complete the *Release and Authorization Full Due Diligence Form* ("Background Check") to expedite processing of the application.

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