



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

**Expedited Renewal Form for a Portable Device
Radioactive Materials License**

Complete all items for 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:

Expedited Renewal of License Number: IL-_____ Licensee Name: _____

Item 2. Applicant's name and mailing address

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

Applicant's Name *(if different than Licensee Name above)*:

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.

There are no changes to areas of use or storage as identified in the current license.

OR AREA(S) OF USE OR STORAGE ARE PROVIDED BELOW:

Site Address(es):	<input type="checkbox"/> Used <input type="checkbox"/> Stored <input type="checkbox"/> Used and Stored	<input type="checkbox"/> The Applicant owns the property/facility. <input type="checkbox"/> 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"/> AUs listed on the current license are unchanged. Specify the amendment number _____ OR <input type="checkbox"/> Documentation is attached detailing the addition, removal and/or change in requested authorizations for AUs AND <input type="checkbox"/> Evidence of their training and experience relative to radioactive material use are specified in an attachment to this application.

Item 6. Radiation Safety Officer
<input type="checkbox"/> No Change OR <input type="checkbox"/> Changes Attached. Include all information referenced in Item 6 of Instructional Set 65.0 (Rev. 3, 2023)
<p style="text-align: center;">If changing the RSO and they are 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.html</p>

Item 7. Radioactive Material, Device and Use				
<input type="checkbox"/> No Change OR <input type="checkbox"/> Requested Changes Indicated in table below.				
Device Manufacturer and Model	Quantity Requested	Radioactive Source and Activity	Radioactive Source Manufacturer & Model	Use

Item 8	Instrumentation	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 9	Instrument Calibration	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 10	Facilities and Equipment	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 11	Public Dose Calculations <i>(Required if changes to item 7)</i>	<input type="checkbox"/> No Change	<input type="checkbox"/> Calculations Attached
Item 12	Procedure for Ordering and Receiving Radioactive Material and Safely Opening Packages	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 13	General Rules for the Safe Use of Radioactive Material & Security Requirements	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 14	General Emergency Procedures	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 15	Device Transfer and Waste Disposal	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 16	Testing Sealed Sources for Leakage and/or Contamination	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached
Item 17	Personnel Monitoring	<input type="checkbox"/> No Change	<input type="checkbox"/> Changes Attached

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. 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)

Item 19. Financial Assurance (Mark One)

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.

- 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 this section *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. <https://iemaohs.illinois.gov/nrs/radsafety/guidance.html>