COLORADO
Department of Public Health & Environment

Hazardous Materials & Waste Management
Radiation Management Program
4300 Cherry Creek Drive South HMWMD-B2
Denver CO 80246-1530

RADIOACTIVE MATERIAL LICENSE APPLICATION

INSTRUCTIONS: Refer to OR-RH-11 for a detailed explanation of the requirements for completing this application. This application must be signed and dated. The form should be sent to CDPHE_hmradmat@state.co.us. An application fee in the amount specified in Part 12 of the *Colorado Rules and Regulations Pertaining to Radiation Control* must accompany an application for a new license. Email the completed application and attachments to CDPHE_hmradmat@state.co.us. Mail the fee payment (and the application and attachments, if they cannot be submitted electronically) to the Colorado Department of Public Health and Environment, Radiation Management Program, HMWMD-B2, 4300 Cherry Creek Drive South, Denver, Colorado 80246-1530. All radioactive materials licenses are issued in accordance with the general requirements contained in the State of Colorado *Rules and Regulations Pertaining to Radiation Control* and Title 25, Article 11, CRS.

1. New Application: ____ (fee required) Renewal: _____ Amendment:_____

2. Applicant Name:_____

3. Current License No:_____ Expiration Date: _____

4. Mailing Address:

   City: _____ State: _____ Zip: _____

5. Radiation Safety Officer:_____

   Phone: _____ Fax: _____ Email: _____

6. Attach documentation of the training and experience for the RSO. Include certificates and Board Certification as appropriate.

7. Management Contact:_____

   Phone: _____ Fax: _____ Email: _____

8. Billing Contact (if different than management contact):_____

   Phone: _____ Fax: _____ Email: _____

9. Storage Address: _____

   City: _____ State: _____ Zip: _____

10. Radioactive Material Element and Mass	11. Chemical/Physical Form, Manufacturer and Model Number	12. Maximum Activity
A. _____	A. _____	A. _____
B. _____	B. _____	B. _____
C. _____	C. _____	C. _____
D. _____	D. _____	D. _____
E. _____	E. _____	E. _____
F. _____	F. _____	F. _____
G. _____	G. _____	G. _____

13. Purpose for Radioactive Material: (attach additional sheets if needed for items 10 through 13)

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____

14. Individual Users: (attach additional sheets if needed)

A. _____
B. _____
C. _____
D. _____
E. _____

Attach documentation of the training and experience for the persons who will use unsupervised, or supervise the use of radioisotopes. Include certificates and Board Certification as appropriate.

15. Radiation Detection Instruments (attach additional sheets if needed)

Manufacturer and model of instrument: _____

Manufacturer and Model of Probe: _____ Surface area: _____

Radiation Detected:_____ Number Available: ____

Sensitivity Ranges:_____ Efficiency (4π geometry):_____

Background reading: _____

How Used: _____

16. Calibration of Radiation Detection Instruments
Frequency of Calibration: _____

Attach a copy of your calibration procedures.

If a commercial service is to be used, provide the company's:

Name:_____

Address: _____

Radioactive materials license number:_____

17. Personal Monitoring Devices

Type of Device: Film Badge:_____ TLD/OSL: _____ Other: _____

Name of Supplier (must be NVLAP approved): _____

Radiation Detected: _____ Exchange Frequency: _____

Audible Radiation Dosimeter used (Y/N): _____ Manufacturer:_____

Pocket Dosimeter is used (Y/N): _____ Manufacturer: _____

(If audible and/or pocket dosimeters are used, attach calibration procedures)

18. Facilities and Equipment

A. Attach a description of the types of counting, handling, and safety equipment used in connection with radioactive materials.

B. Attach an explanatory sketch of your facility. Identify the locations of special handling equipment; fume hoods; storage containers; shielding; safety equipment; etc. Also identify the locations where radioactive material warning signs, Notice to Employees, and emergency telephone numbers are posted.

C. Public Dose Limits: Attach calculations and/or survey results to demonstrate compliance with dose limits for members of the public at all storage and use locations

19. Attach a description of your radioactive materials program including a brief narrative of your proposed operations involving licensed radioactive materials. The information must reflect your current program and procedures. (See instructions in OR-RH-11 for a list of procedures that must be included.)

20. Waste Disposal

A. Attach procedures for the disposal of radioactive waste (please note that a decay in storage program must be specifically approved by the department during the licensing process, if this method will be used provide a copy of the procedures for proper storage and release survey performance and documentation); or

B. If a commercial service is to be used other than to transport, then also specify the name, address, radioactive materials license number and expiration date of the company providing the services. Also describe the types of services provided. NOTE: Companies providing this service must have a Radioactive Materials License that authorizes this service.

Name and Address:_____ License No:_____
_____ Expiration Date: _____
_____
_____

Description of services provided:
_____
_____
_____
_____

21. Financial Assurance (refer to RH 3.9.5)

A. Is financial assurance required as per Part 3.9.5 of the Regulations? Yes _____ No ____

If yes, please attach documentation of how the financial assurance warranty will be met.

CERTIFICATE

The applicant and each official executing this certificate on behalf of the applicant named in Item 2, certify that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief. The applicant agrees to abide by all commitments herein, and the requirements of the radioactive materials license and the State of Colorado *Rules and Regulations Pertaining to Radiation Control*.

Management Signature: _____Date: _____

Typed or Printed Name: _____

Title of Official: _____

Radiation Safety Officer Signature: _____Date: _____

Typed or Printed Name: _____