

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
APPLICATION FOR RADIOACTIVE MATERIAL LICENSE**

Medical Uses

Instructions Complete this application in accordance with the guide provided by the Texas Department of State Health Services. Use supplemental sheets where necessary. Mail the original and one copy for each site where radioactive material is to be stored or used to: Texas Department of State Health Services, Radiation Safety Licensing Branch, MC-2003, PO BOX 149347, Austin, Texas, 78714-9347. Upon approval of this application, the applicant will receive a Texas Radioactive Material License, issued in accordance with the provisions of **Title 25 Texas Administrative Code Chapter 289 (25 TAC §289)** and the **Texas Radiation Control Act**.

1. Legal Business Name and Business Mailing Address of Applicant (Texas Address Only)

2. Location(s) at which radioactive material will be stored and/or used:
(Street Address or specific instructions)

NOTE: Also complete Business Information Form (RC Form 252-1).

3. This application is for:

- New License
- Renewal of present license # _____

4. Location where records will be kept:
(Street Address or specific instructions)

5. Physician users:

6. Radiation Safety Officer:

Name: _____

Office Telephone No.: _____

Emergency Telephone No.: _____

FAX Telephone No.: _____

E-mail: _____

7. Radioactive Material Data

(a) Element and mass number (Check groups desired)	(b) Chemical or physical form (Make and model number if sealed source)	(c) Maximum number of millicuries to be possessed	(d) Use of each form
<input type="checkbox"/> Any RAM used IAW §289.256(ff)	Radiopharmaceuticals	As needed	Uptake, dilution, and excretion studies
<input type="checkbox"/> Any RAM used IAW §289.256(hh)	Radiopharmaceuticals	As needed	Imaging and/or tumor localization studies
<input type="checkbox"/> Any RAM used IAW §289.256(hh)	Generators with kit Preparations	Total generator activities not to exceed two curies unless justified	Preparation of Radiopharmaceuticals
<input type="checkbox"/> Any RAM used IAW §289.256(hh)	Bulk technetium with kit preparations	As needed	Preparation of Radiopharmaceuticals
<input type="checkbox"/> I-131 §289.256(kk)	Sodium Iodide	Liquid or Capsule form	Therapy for hyperthyroidism and thyroid cancer

7. (continued) Additional Items Desired (such as Xenon, PET, transmission sources, therapy sources or radiopharmaceuticals)			
(a) (continued):	(b) (continued):	(c) (continued):	(d) (continued):

(Continue on a supplemental sheet if necessary)

8. Are the physicians listed under Item 5 licensed to practice medicine in the State of Texas? Yes No

USE SUPPLEMENTAL SHEETS FOR THE FOLLOWING

9. **Training of Authorized Physicians, Radiation Safety Officer, Technologists, and Others:** Describe the minimum training to assure that radioactive material will be used safely. See Regulatory Guide 3.1 or 3.2 for additional explanation).

10. **Facilities:** Describe facilities to include full page drawings of receipt, preparation, use, and storage areas.

11. **Operating, Radiation Safety and Emergency Procedures Manual:** provide specific radiation safety procedures that address all items listed in the applicable regulatory guide.

12. **Radiation Detection Instrumentation:** List the make & model number of all survey, measuring, monitoring, and imaging instruments.

13. **Financial Qualification and Financial Assurance:** Determine if financial assurance must be provided [25 TAC §289.252(gg)].

- **If financial assurance is required**, either submit decommissioning funding plan (includes decommissioning cost estimate and financial instrument committing an amount of money equal to the decommissioning cost estimate to DSHS; a procedural guide is available upon request); or the amount prescribed by rule [25 TAC §289.252(gg)(4)], if applicable; and documentation of financial qualification [see 25 TAC §289.252(ii)(8)(B) and RC Form 252-1].
- **If financial assurance is not required**, self-attestation of financial qualification on RC Form 252-1 is acceptable.

14. **Certification**
I hereby certify the information contained herein and attached hereto is true and correct to the best of my knowledge and belief.

_____ Date

_____ Signature of Executive Officer

_____ Typed or Printed Name

_____ Title/Position

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).