

TEXAS DEPARTMENT OF STATE HEALTH SERVICES APPLICATION FOR RADIOACTIVE MATERIAL

Instructions: Complete this application in accordance with the guide provided by the Texas Department of State Health Services. Use supplemental sheets where necessary. Submit the completed application and applicable fee to Texas Department of State Health Services, Radiation Safety Licensing Branch MC-2003, P.O. Box 149347, Austin, Texas 78714-9347. Retain a copy for your files. Upon completion of processing, 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.

<p>1. Legal Business Name and Business Mailing Address of Applicant (<i>Texas Address Only</i>):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2. Location(s) at which radioactive material will be stored and/or used (<i>Street Address</i>):</p> <p>A. Permanent</p> <p>_____</p> <p>B. Temporary sites throughout Texas?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. This application is for:</p> <p><input type="checkbox"/> New License (Attach applicable fee and Business Information Form -RC Form 252-1)</p> <p>If a new license, have you held a previous license with Texas? If yes, list license number(s)/name(s):</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Renewal of current license #L0 _____</p>	<p>4. Location where records will be kept (<i>Street Address</i>):</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>5. Individual users and their titles:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>(Continue on a supplemental sheet if necessary)</i></p>	<p>6. Radiation Safety Officer:</p> <p>Name: _____</p> <p>Office Telephone No.: _____</p> <p>FAX Telephone No.: _____</p> <p>Emergency Telephone No.: _____</p> <p>E-mail: _____</p>

7. Radioactive Material Data			
(a) Element and Mass Number	(b) Chemical or Physical Form (Make and Model number if sealed source)	(c) Maximum Activity Requested*	(d) Use of each form (<i>if sealed source, list make and model number of device in which sealed source will be used</i>)

*Expressed as curies, millicuries or microcuries (*Continue on a supplemental sheet if necessary*)

Submit information for Items 8 through 14 on additional sheets.

Regulatory Guides can be found on the following website:

<http://www.dshs.state.tx.us/radiation/regguide.shtm>

8. **Facilities** --- Describe laboratory facilities, remote handling equipment, storage containers, fume hoods, shielding, etc. Submit a sketch of the facility. Also indicate adjacent buildings, storage areas, residences, etc.
9. **Operating, Radiation Safety and Emergency Procedures** --- Outline methods and procedures for controlling, handling, servicing, using, and storing radioactive material in accordance with the appropriate regulatory guide or specific instruction by the Agency. Name the supplier of personnel monitoring devices (TLD, film badges, etc.), and outline personnel monitoring procedures.
10. **Radiation Detection Instrumentation** --- List the make and model of survey, measuring, and monitoring instruments. Include the sensitivity range, accessories, type of detector, and other appropriate information. Also, state how often survey instruments will be calibrated and by whom. If the applicant proposes to perform his or her own survey instrument calibrations, a detailed description of the procedures for calibration must be submitted (*See Regulatory Guide 5.2- Contact Agency*).
11. **Leak Testing** --- If sealed sources are to be possessed, name the manufacturer of the leak test kit the applicant plans to use. If the applicant proposes to perform his or her own leak tests, a detailed description of the procedures and analyses to be performed must be submitted (*See Regulatory Guide 5.1- Contact Agency*).
12. **Training and Experience** --- Submit a resume detailing the training and experience with radioactive materials for each person listed under Items 5 and 6. Also, submit copies of documentation of the required training and experience as requested in the appropriate Regulatory Guide or as instructed by the Agency.
13. **Waste Disposal** --- Describe the method for disposal of radioactive material listed in Item 7. If a commercial waste disposal firm is to be used, specify the name of the company. If no radioactive waste is to be routinely generated, state the method of disposal when radioactive material will no longer be needed. Include a cost estimate and the proposed funding source.
14. **Financial Qualification and Financial Assurance** --- Determine if financial assurance must be provided [25 TAC §289.252(gg)].
 - **If financial assurance is required**, either submit a decommissioning funding plan cost estimate; or the amount prescribed by rule [25 TAC §289.252(gg)(4)].
Note: Upon further review of the application, the Agency will provide procedural guidance on the requirement for financial assurance.
If financial assurance is not required, submission of [RC Form 252-1](#) is sufficient.

15. **CERTIFICATION**

I certify that all information submitted is true and correct to the best of my knowledge.

Signature of Applicant or Representative

Title/Position

Typed or Printed Name

Date

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/policy/privacy.shtm> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).