RADIOACTIVE MATERIAL LICENSE APPLICATION
Use of Sealed Sources in Radiography

Instructions: (1) Where the space provided is insufficient, attach supplemental sheets referencing the part being expanded. (2) Submit all material **in duplicate** to the California Department of Public Health, Radiologic Health Branch, MS 7610, Licensing Section, P.O. Box 997414, Sacramento, CA 95899-7414. (3) See *Applicant's Guide—Industrial Radiography* for additional information. (4) For more information, go to www.dhs.ca.gov/rhb or phone (916) 327-5106.

***Note: Italicized items denote material (attached supplemental sheets included) which will be made conditions of any license issued subsequent to this application. License conditions are binding and may not be modified except by license amendment.**

1. *a. Name of applicant* | *Telephone number* ( ) *Ext.*

   b. Mailing address (number, street) | *City* | *State* | *ZIP code*

2. a. Type of organization
   ☐ Individual ☐ Partnership ☐ Corporation ☐ Unincorporated association ☐ Other

   b. List *all addresses at which sealed sources will be used and/or stored.*
   Sealed sources will be used at temporary job sites in California: ☐ Yes ☐ No

Address (number, street)	City	State	ZIP code
Address (number, street)	City	State	ZIP code
Address (number, street)	City	State	ZIP code

   c. This application is for:
   ☐ A new radioactive material license.
   ☐ Renewal of radioactive material license number: _____
   ☐ Amendment to radioactive material license number: _____

3. ***Radiation Safety Officer and Individual User***
   List Radiation Safety Officer below. Attach a Statement of Training and Experience (RH 2050 RA) for Radiation Safety Officer and each radiographer.

4. ***Sealed Sources to be Used in Radiography***

BY PRODUCT MATERIAL (Element and Mass. Number)	SOURCE MODEL NUMBER	NAME OF MANUFACTURER	MAXIMUM ACTIVITY PER SOURCE	NUMBER OF SOURCES
a.				
b.				
c.				

5. ***Radiographic Exposure Devices and/or Storage Containers to be Used with Sources Listed Above—For use At/In***

MODEL NUMBER	NAME OF MANUFACTURER (If custom made, attach complete design and specification.)	TEMPORARY SITES	FIXED FACILITY
a.			
b.			
c.			

6. The following information is attached as a part of this application: (Check appropriate boxes and attach information referenced in the instructions with this form.)

	Not Applicable	Attached	Date**
a. Description of radiographic facilities (Instruction 6.a.)	☐	☐	☐ *on* _____
b. Description of radiation detection instruments to be used	☐	☐	☐ *on* _____
c. Instrument calibration procedures	☐	☐	☐ *on* _____
d. Personnel monitoring equipment—specify badge change frequency	☐	☐	☐ *on* _____
e. Operating and emergency procedures	☐	☐	☐ *on* _____
f. Training program	☐	☐	☐ *on* _____
g. Internal inspection system or other management control	☐	☐	☐ *on* _____
h. Overall organization structure	☐	☐	☐ *on* _____
i. Leak testing procedures	☐	☐	☐ *on* _____

***If previously submitted, supply the date and attach a readable copy.*

7. **Legal Structure of Applicant**

If applicant is a corporation, complete items a through c; if applicant is a partnership, complete items d through f; if applicant is an unincorporated association or a legal entity other than a partnership or corporation, complete items g and h. Attach separate sheets where space provided proves inadequate.

a. Is applicant corporation directly or indirectly controlled by another corporation or other legal entity? ☐ Yes ☐ No

If yes, give name and address of other corporation or other legal entity and describe how such control exists and the extent thereof.

Name of corporation or other legal entity	Address (number, street)	City	State	ZIP code

Describe control and extent

b. (1) Identify by name and address any individual, corporation, or other legal entity (a) owning 10 percent or more of the stock of applicant corporation issued and outstanding or (b) subscribing to 10 percent or more of the authorized but unissued stock of the corporation.

Name	Address (number, street)	City	State	ZIP code

(2) Identify by name and address all officers and directors of the corporation.

Name	Address (number, street)	City	State	ZIP code
Name	Address (number, street)	City	State	ZIP code

c. Identify the state, district, territory, or possession under the laws of which the applicant is incorporated.

Partnership

d. Name and address of each individual or legal entity owning a partnership interest in the applicant.

Name	Address (number, street)	City	State	ZIP code
Name	Address (number, street)	City	State	ZIP code

e. State the percent of ownership of the applicant partnership held by each of the individuals or legal entities listed in item d.

f. Identify the state, district, territory, or possession under the laws of which the applicant partnership is organized.

Other

g. Describe the nature of the applicant and identify the state, district, territory, or possession under the laws of which it is organized.

h. State the total number of members or persons holding an ownership in the applicant: _____

Identify each by name and address, and indicate the ownership thereof.

Name	Address (number, street)	City	State	ZIP code	Ownership
Name	Address (number, street)	City	State	ZIP code	Ownership

8. **Certificate**

The applicant and any official executing this certificate on behalf of the applicant named in item 1 certify that all information contained herein, including any supplements attached hereto, is true and correct.

Applicant named in item 1

Signature of certifying official	Title	Date