



Radioactive Materials Licensing Unit

**Application for Radioactive Materials
Industrial Radiographer Trainer**

**Radioactive Materials Radiographer Trainer Requirements
(Title 17, Section 30333.05)**

Confirm and provide documentation that the radioactive materials radiographer trainer(s) has met the following requirements:

- Is certified pursuant to Title 17, Section 30335.2 or is in compliance with Title 17, Section 30335.3,
- Has complied with the requirements of Title 17, Section 30333(a)(1) and (2) and
- Has at least 2,000 hours of experience as a radiographer using sealed sources, performing radiographic operations, radiation surveys and radiation safety related activities.

**NOTE*: The experience may not include film development and interpretation, darkroom activities, travel, safety meetings, classroom training and any work activity not related to the performance of industrial radiography.*

List of Radiographer Trainers

Licensee Name: _____ Radioactive Materials License #: _____

<p>Trainer's Name: _____</p>	<p>Dates of Experience per 30333.05 (a)(1)(B)&(C): _____</p> <p style="text-align: right;">Beginning (MM/DD/YY) – End (MM/DD/YY)</p>
<p>Radiographer's Certificate #: _____</p>	
<p>Or a copy of both sides of the certification identification card issued by one of the listed entities in Title 17, Section 30335.3 (b).</p>	
<p>Exposure Device used: _____ Model: _____</p>	
<p>Manufacturer's Name: _____</p>	

FedEx Mailing Address: Radiologic Health Branch
Industrial Licensing Unit
1500 Capitol Ave, 5th Floor, MS 7610
Sacramento, CA 95814-5006

Mailing Address: Radiologic Health Branch
Industrial Licensing Unit
Mail Station 7610 (MS 7610)
P.O. Box 997414
Sacramento, CA 95899-7414

[RHB Website](http://www.cdph.ca.gov/rhb) (www.cdph.ca.gov/rhb)

Trainer's Name: _____	Dates of Experience per 30333.05 (a)(1)(B)&(C): _____	Beginning (MM/DD/YY) – End (MM/DD/YY)
Radiographer's Certificate #: _____		
Or a copy of both sides of the certification identification card issued by one of the listed entities in Title 17, Section 30335.3 (b).		
Exposure Device used: _____ Model: _____		
Manufacturer's Name: _____		

Trainer's Name: _____	Dates of Experience per 30333.05 (a)(1)(B)&(C): _____	Beginning (MM/DD/YY) – End (MM/DD/YY)
Radiographer's Certificate #: _____		
Or a copy of both sides of the certification identification card issued by one of the listed entities in Title 17, Section 30335.3 (b).		
Exposure Device used: _____ Model: _____		
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Radioactive Materials Radiation Safety Officer Requirements

For an individual to be a Radiation Safety Officer for a radioactive materials license, indicate and provide documentation that the individual has met the following:

- Meets the requirements of Section 30333.05(a)(1) (***A provisional radiographer certificate is not acceptable.***)
- Has 2,000 hours of experience as specified in Title 17, Section 30333.05(a)(1)(C) - No more than 900 hours of experience as a radiographer using radiation machines may be counted toward meeting the 2,000 hours.
- Has completed 4,000 hours of experience using radioactive materials and experience in radiation protection activities; such as developing or implementing procedures relating to the protection of workers and the public from radiation including the development or implementation of procedures for radiation surveys, leak testing of radioactive sources, assessment of dosimetry for radiation work, determination of necessary radiation shielding, review of survey, leak testing, and personnel dose measurements, training of personnel, use and maintenance of sealed sources and devices, monitoring of radiation emergency events, sealed source and device security, disposal of radioactive material, audits of radiographic operations, survey meter maintenance and calibration, and transportation of radioactive material.

Print Name of Applicant

Signature of Applicant

Date

NOTE: To amend a radioactive materials license, please provide a signed letter from upper management requesting an amendment to the license, provide the above information, and provide the RSO duties and responsibilities and delegation of authority letter. Send information in duplicate to the address below.

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