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| **APPLICATION**  **FOR RADIOACTIVE**  **MATERIAL LICENSE**  DRC 11 (Rev. 5/2023) | | | | | | | **DEPARTMENT OF ENVIRONMENTAL QUALITY**  **OFFICE OF ENVIRONMENTAL COMPLIANCE**  **RADIATION LICENSING SECTION**  **POST OFFICE BOX 4312**  **BATON ROUGE, LOUISIANA 70821-4312**  **PHONE: (225) 219-3041 FAX: (225) 219-3154**  **E-MAIL:** [**LDEQRadiationlicensing@la.gov**](mailto:LDEQRadiationlicensing@la.gov) | | | | | | | | | | | | | | | | | | | | | | **OFFICE USE ONLY** | | | | | | | | | | | | |
| License # | | | | | | |  | | | | | |
| AI # | | | | | | |  | | | | | |
| Amendment # | | | | | | |  | | | | | |
| Date Received | | | | | | |  | | | | | |
| Type Code: | | | | | | | Fee Code: | | | | | |
| **1.** NAME OF APPLICANT | | | | | | | | | | | | | | | | | **2.**  New License Application  License Number: | | | | | | |  Renewal | | | | | |  Amendment Request | | | | | | | | | | | |
| MAILING ADDRESS | | | | | | | | | | | | | | | | | **3.** DEPARTMENT, LOCATION OR ADDRESSES AT WHICH USED AND/OR STORED   Check if same as Item 1 **only** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | ZIP CODE: | | | | |
| AREA CODE | | | TELEPHONE NO. | | | | | | | | | | | | | |  Temporary Job Sites in LA   Out of State (List States) | | | | | | |  Offshore | | | | | | | | | | | | | | | | | |
| AREA CODE | | | FAX NO. | | | | | | | | | | | | | | EMAIL: | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | **RADIATION PROGRAM PERSONNEL** | | | | | | | | | | | | | | | | | | **TITLE OR FUNCTION** | | | | | | | | | | | | | | | **RESUME** | | | | | | | |
| **ATTACHMENT** | | | | | **PAGE OR ITEM** | | |
| PERSON RESPONSIBLE FOR RADIATION PROTECTION (RSO) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | |
| INDIVIDUAL(S) OR COMMITTEE RESPONSIBLE FOR USE | | | | | | | | | | | | | | | | | | |  Committee Chairman | | | | | | | | | | | | | | |  | | | | |  | | |
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| COMMITTEE TITLE | | | | | | | | | | | | | | | | | | | NO. OF ADDITIONAL COMMITTEE MEMBERS OR INDIVIDUALS | | | | | | | | | | | | | | |  | | | | |  | | |
| **5.** | **PERSONNEL MONITORING** | | | | | | | | | | | | | | | | | | | | | | | | | | | **NOT APP.** | | | | | | **ATTACHMENT** | | | | | **PAGE OR ITEM** | | |
| **a.** Personnel  Dosimetry | | Name of Supplier: | | | | | | | | | | | | | | | | RADIATION DETECTED | | | | | | | | | |  | | | | | |  | | | | |  | | |
| Exchange Period: | | | | | | | | | | | | | | | |  Alpha | | |  Beta | |  Gamma | | | | |
| Where Worn: | | | | | | | | | | | | | | | |  Neutron | | |  X-Ray | |  Radon | | | | |
| **b.** Pocket Chamber or Dosimeter | | Manufacturer: | | | | | | | | | | | | | | | | RADIATION DETECTED | | | | | | | | | |  | | | | | |  | | | | |  | | |
| Model: | | | | | | | | Max. Range: | | | | | | | |  Alpha | | |  Beta | |  Gamma | | | | |
|  Direct Reading | | | | | | | | | | | | | | | |  Neutron | | |  X-Ray | |  Radon | | | | |
| **c.** Bio-Assay | | Laboratory: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | |
| Type of Sample: | | | | | | | | | | | | | Frequency of Samples: | | | | | | | | | | | | |
| Radiation or Radioactive Material Assayed | | | | | | | | | | | | | | | | | | | | | | | | | |
| **d.** Other | | Describe | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | |
| **6.** | **AREA MONITORING** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
| **a.** Contamination Surveys: Routine Frequency-- | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
| **b.** Radiation Area Surveys: Routine Frequency-- | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
| Environmental Surveys: | | | | |  Air | | |  Water | | | | Where-- | | | | | | | | Freq. | | | | | | | |  | | | | | |  | | | | | |  | |
| **7.** | **LEAK TESTS** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
| Company: | | | | | | | | | | | | | | | | | |  Evaluated by Applicant (Attach Procedure) | | | | | | | | | |  | | | | | |  | | | | | |  | |
| Kit Model No.: | | | | | | | | | | | | | | Frequency: | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
| **8.** | **Waste Disposal** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
| Company: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
| Maximum Total Activity: | | | | | | | | | | | | | | Maximum Storage period: | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
|  Incineration | | | |  Storage | |  Burial | | | | | |  Sewer System | | | | | | |  Ship to Licensed Recipient | | | | | | | | |  | | | | | |  | | | | | |  | |
| **9.** | **ATTACHMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
| **a.** | Health Physics Program | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
| **b.** | Physical Facilities | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
| **10.** | **HEALTH PHYSICS INSTRUMENTATION** | | | | | | | | | | | | | | | | | | | | | | | | **NOT APPLICABLE** | | | | | | | | **ATTACHMENT** | | | | | **PAGE OR ITEM** | | | |
|  | | | | | | | |  | | | | |  | | | |
| MANUFACTURER | | | | | | MODEL | | | | | | QUAN-  TITY | | | | RADIATION DETECTED | | | | | DOSE OR COUNT RANGE | | ENERGY RANGE | | | | TYPE, USE, OR PURPOSE | | | | | | | CALIBRATION | | | | | | | |
| COMPANY OR PROCEDURE | | | FREQUENCY | | | | |
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| **11.** | **GENERAL INSTRUMENTATION** | | | | | | | | | | | | | | | | | | | | | | | | **NOT APPLICABLE** | | | | | | | | **ATTACHMENT** | | | | | **PAGE OR ITEM** | | | |
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| MANUFACTURER | | | | | | MODEL | | | | | | QUAN-  TITY | | | | RADIATION DETECTED | | | | | TYPE, USE, OR PURPOSE | | | | | | | | | | | | | | | | | | | | |
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| **12.** | **MEDICAL SUPPLEMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NOT APPLICABLE** | | | **ATTACH-MENT** | | | | | | **PAGE OR ITEM** |
| a. Instructions for Care of Patients Containing Radioactive Materials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |
| b. Hospitals where Radioactive Materials Are Used ( Individuals attach approval) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |
| c. hospitals which admit my patients containing radioactive materials (attach approval) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |
| d. preceptor statements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |
| **13.** | **INDUSTRIAL RADIOGRAPHY SUPPLEMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |
| a. Training Program for Industrial Radiography Personnel; Periodic Retraining | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |
| b. Internal Management Review Procedures and Controls | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |
| c. Organizational Structure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |
| d. Applicant is: | | | |  Individual | |  Partnership | | | | | | |  Corporation | | | | | |  Other | | | | | | | | | | | | |  | | |  | | | | | |  |
| e. Applicant is Controlled Directly or Indirectly by the Following Corporation or Legal Entity (Name & Address) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |
| f. Applicant is Incorporated Under the Laws of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |
| g. | OFFICERS, PARTNERS OR STOCKHOLDERS | | | | | | | | | | ADDRESS | | | | | | | | | | | NUMBER OF SHARES OR PERCENTAGE IF OVER 10% | | | | | | | | | |  | | |  | | | | | |  |
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| **14.** | ADDENDUM TO PERMIT APPLICATIONS PER LAC 33:I.1701 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |
| **15.** | enter name & company affiliation of anyone other than an employee of the applicant given in item 1 who assisted in the preparation of the application | | | | | | | | | | | | | | | | | | | | | | | | | Name: | | | | | | | | | | | | | | | |
| Company: | | | | | | | | | | | | | | | |
| The applicant and any official executing this certificate on behalf of the applicant named in Item 1 certify that this application is prepared in conformity with the Louisiana Radiation Regulations and that all information confirmed herein, including any supplements attached thereto, is true and correct to the best of our knowledge or belief. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | APPLICANT | | | | | | | | | | | SIGNATURE | | | | | | | | | | | TITLE | | | | | | | | | | |
| **All applications must be signed and dated.** | | | | | | | | | | | | | | | | | | | | **Submit the original to Louisiana Department of Environmental Quality, Registrations and Certifications Section-Radiation.** | | | | | | | | | | | | | | | | | | | | | |