Oregon Radioactive Materials License Application - Medical

Oregon Health Authority, Radiation Protection Services
800 NE Oregon Street, #640
Portland, OR 97232-2162
Voice: (971) 673-0490 | Fax: (971) 673-0553
www.healthoregon.org/rps

INSTRUCTIONS: See NRC NUREG 1556 Vol. 9, Rev. 2 at http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/ for detailed instructions on completing the application. **Send copy to: Radiation Protection Services, 800 NE Oregon Street, Suite 640, Portland, Oregon 97232**. Upon application approval, a State of Oregon Radioactive Materials license will be issued with the general requirements contained in Oregon Rules for the Control of Radiation, Oregon Administrative Rules Chapter 333, www.healthoregon.org/rps

1. This is an application for:

- ☐ a. New License
- ☐ b. Amendment to License No. _____
- ☐ c. Renewal of License No. _____

2. Name and Mailing Address:

_____
_____
_____

3. Address(es) where licensed radioactive material will be used or stored:

_____
_____
_____

4. Person to be contacted about this application: Name and Title: _____

Phone: _____ Fax: _____ E-mail: _____

Submit items 5 through 11 on 8.5" x 11" paper. The type and scope of information required is described in the license application guide.

5. In this application include:
a. Element and mass number
b. Chemical and/or physical form
c. Maximum amount that will be possessed at any one time.

6. Purpose for which licensed material will be used.

7. Individual(s) responsible for Radiation Safety program and their training and experience (RSO, AUs and AMPs)

8. Training for individuals working with materials or working in restricted areas.

9. Facilities and Equipment

10. Radiation Safety Program

11. Waste Management

12. Certification. (Must be completed by applicant) APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING.

APPLICANT OR ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 2 CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFIRMITY WITH THE APPLICABLE STATE REGULATIONS AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

Certifying Officer: Print Name & Title **Signature** **Date**

For RPS Use Only

Approved by: **Comments:** **Date:**

Form Updated August 6, 2014