SC DEPARTMENT of ENVIRONMENTAL SERVICES

Application for Radioactive Material License
Radiation Protection Program
Bureau of Land and Waste Management

INSTRUCTIONS: Complete Items 1 through 16 if this is an initial or renewal application. Supplementary sheets shall be used where applicable. Send the completed application to: S.C. Department of Environmental Services, Bureau of Land and Waste Management, Radiation Protection Program 2600 Bull Street, Columbia, SC 29201, or via email to radmat@des.sc.gov. Upon approval of this application, the applicant will receive a State of South Carolina Radioactive Material License issued in accordance with the general requirements contained in the South Carolina Department of Environmental Services, Regulation 61-63, Radioactive Materials (Title A), and the S.C. Atomic Energy and Radiation Control Act, Section 13-7-40 et. seq; of the 1976 Code, as amended, and Supplements thereto.

1. (a) NAME AND STREET ADDRESS OF APPLICANT. Institution, firm, persons, etc.

TELEPHONE NO. (_____)

(b) STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED, if different from 1(a).

2. DEPARTMENT TO USE RADIOACTIVE MATERIAL.

3. PREVIOUS LICENSE NUMBER(S). If this application is for renewal of a license, please indicate this and give number.

4. INDIVIDUAL USER(S). Name and title of the individual(s) who will use or directly supervise use of radioactive material. Give training and experience in Items 8 and 9.

5. (a) RADIATION SAFETY OFFICER. Name, email address and number of person designated as radiation protection officer. Attach resume of his/her training and experience.

(b) MANAGEMENT REPRESENTATIVE. Name, title, email address, and telephone number of management contact.

6. (a) RADIOACTIVE MATERIAL. Element and mass no.

(b) CHEMICAL AND/OR PHYSICAL FORM AND MAXIMUM NUMBER OF MILLICURIES OF EACH CHEMICAL AND/OR PHYSICAL FORM POSSESSED AT ANY ONE TIME. If sealed source(s), also state name of manufacturer, model number, number of sources and maximum activity per source.

7. DESCRIBE PURPOSE FOR WHICH RADIOACTIVE MATERIAL WILL BE USED. Provide sufficient detail to allow potential personnel exposure to be evaluated. If radioactive material is in the form of a sealed source, include the make and model number of the storage container and/or device in which the source will be stored and/or used. Attach extra sheets if necessary.

8. TRAINING AND EXPERIENCE OF EACH INDIVIDUAL NAMED IN ITEM 4. Use supplemental sheets as necessary.

NAME.	Type of Training.	**A. Principles and practices** of radiation protection.	**B. Radioactivity measurement** standardization and monitoring techniques and instruments.	**C. Mathematics** and calculations basic to the use and measurement of radioactivity.	**D. Biological effects** of radiation.	Circle Y for yes or N for no.	**A. Principles / practices.**	**B. Rad. measurement.**	**C. Mathematics.**	**D. Biological effects.**
	Where trained:					On the job:	Y / N	Y / N	Y / N	Y / N
	Duration of train.:					Formal course:	Y / N	Y / N	Y / N	Y / N
	Where trained:					On the job:	Y / N	Y / N	Y / N	Y / N
	Duration of train.:					Formal course:	Y / N	Y / N	Y / N	Y / N
	Where trained:					On the job:	Y / N	Y / N	Y / N	Y / N
	Duration of train.:					Formal course:	Y / N	Y / N	Y / N	Y / N

9. EXPERIENCE WITH RADIATION (for all persons named in Item 4). Actual radioisotope use or equivalent experience.

NAME	Isotope	Max. amount	Where experience gained	Duration of experience	Type of use

10. RADIATION DETECTION INSTRUMENTS. Use supplemental sheets as necessary.

Make and Model No.	Quantity	Radiation detected	Sensitivity range (mR/hr)	Window thickness (mg/cm2)	Use (monitoring, surveying, measuring)

INFORMATION TO BE SUBMITTED ON ADDITIONAL SHEETS

11. METHOD, FREQUENCY, AND STANDARDS USED IN CALIBRATING INSTRUMENTS LISTED IN ITEM 10.
12. FILM BADGES, DOSIMETERS AND BIO-ASSAY PROCEDURES USED.
13. FACILITIES AND EQUIPMENT. Describe facilities, storage containers, shielding, fume hoods, etc. Attach an explanatory sketch of the facilities.
14. RADIATION SAFETY PROGRAM. Describe the radiation safety program. see the U.S. Nuclear Regulatory Commission's current volume of the NUREG-1556 technical report series "Consolidated Guidance About Materials Licenses" for detailed guidance on applicable information.
15. WASTE MANAGEMENT. Describe the waste management program.
16. ***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 South Carolina Department Environmental Services Regulations for Control of Radiation and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.***

Application completed _____ by: _____ _____
Date Print Name Signature

_____ _____
Print Name of Authorized Management Representative Signature of Authorized Management Representative

SOUTH CAROLINA DEPARTMENT OF ENVIRONMENTAL SERVICES
RADIATION PROTECTION PROGRAM
BUREAU OF LAND AND WASTE MANAGEMENT

INSTRUCTIONS FOR PREPARATION OF APPLICATIONS
FOR RADIOACTIVE MATERIAL LICENSE

General Information

An applicant for a "Radioactive Material License" or renewal of an existing license should complete the application form in detail. Renewal applications should contain complete and up-to-date information concerning the applicant's current program. Supplemental sheets may be appended when necessary to provide complete information. Item 16 must be completed on all applications by persons of authority. Submission of an incomplete application will often result in a delay in issuance of the license because of the correspondence necessary to obtain information requested on the application.

NOTE: Licensing guides, which outline the essential information that is to be submitted to support the license application, are available through: **https://des.sc.gov/programs/bureau-land-waste-management/radiation-protection-program/radioactive-material-licensing-and-compliance and https://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/index.html**. If Internet access is not available, please contact the Radiation Protection Program at (803) 545-4400 for a guide to be sent by mail.

Upon completion, a copy of the application and any supplemental sheets should be **sent to**: SC Department of Environmental Services, Radiation Protection Program, Bureau of Land and Waste Management, 2600 Bull Street, Columbia, SC 29201, or via email to radmat@des.sc.gov.

Explanation of Application Form

Item No.

1. (a) The "Applicant" is the organization or person legally responsible for possession and use of the radioactive material specified in the application.

2. The "Department" is the department or similar sub-division where the radioactive material will be used.

3. Self-explanatory.

4. The "Individual User" is the person experienced in the use and safe handling of radioisotopes. If the application is for human use, the individual user must be a physician licensed by the State of South Carolina to dispense drugs in the practice of medicine and have extensive experience for each proposed clinical use.

5. Self-explanatory.

6. (a) List by name each radioisotope desired. For example, Carbon-14, Cobalt-60, etc.
   (b) List the chemical and/or physical form for each radioisotope and the quantity of each which the applicant desires to possess at any one time. If more than one chemical or physical form of a particular radioisotope is desired, a separate possession limit should be stated for each form. For example, an applicant desiring to use two chemical forms of Iodine-131must specify both forms and a possession limit for each form:

Iodine-131	Iodine	10 millicuries
Iodine-131	Iodinated Human Serum Albumin	1 millicurie

   If the radioactive material is to be obtained as a sealed source, specify the manufacturer, model no. and amount of activity in each sealed source.

   Ex.: Cobalt-60, 3 sealed sources, 100 millicuries each, Iso Corp. Model Z-54, 300 millicuries total.

7. State the use of each radioactive material and chemical form specified in Items 6a and 6b.

8-9. These items must be completed for each individual named in Item 4. If more than one individual is listed in Item 4, clearly key the name of each individual to his/her experience. If the radioisotope is for human use, do not complete these items. For human use, complete a Form DES 0814 as appropriate.

10-16. Self-explanatory.