ILLINOIS EMERGENCY MANAGEMENT AGENCY
DIVISION OF NUCLEAR SAFETY
1035 OUTER PARK DRIVE
SPRINGFIELD, ILLINOIS 62704

EXPEDITED RENEWAL FORM FOR A RADIOACTIVE MATERIAL LICENSE AUTHORIZING THE USE OF SEALED SOURCES IN FIXED GAUGES

Complete all items for renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit the original and one copy of the entire application to the Illinois Emergency Management Agency.

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 32 Ill. Adm. Code 330. Disclosure of this information is required. The Agency requests that each application for license renewal be voluntarily submitted by the licensee at least 120 days prior to the expiration date on the license to be renewed. This request is not a requirement. Please be aware, however, that Agency rules require that an application for renewal of a specific license be filed with the Agency at least 30 days prior to the expiration date. This allows for licensed activities lawfully to continue beyond the expiration date pending Agency review of the renewal application, should such review extend beyond the expiration date. Failure to provide all requested information may result in denial of your application for radioactive material license renewal.

ITEM 1. Type of Renewal Application (Check all that apply). License Number_____

☐ Fixed Gauge ☐ Fixed Gauge-Installation/Relocation

ITEM 2. Applicant's Name and Mailing Address (Applicant must be the legal entity or individual responsible for the license.)	**ITEM 3. Person authorized to act on behalf of licensee**
Phone #:	Phone #:
Fax #:	Fax #:
E-mail:	E-mail:

ITEM 4. Address(es) Where Radioactive Material Will Be Used ☐ **Stored** ☐ **Used and Stored** ☐

Phone #:	Phone #:

Request for TEMPORARY JOBSITES (≤ 180 days during any consecutive twelve-month period): Yes ☐ No ☐

(Check one block)

☐ The applicant/licensee owns each property/facility.

☐ Letter from the facility/property owner is attached.

ITEMS 5. through 19.

For items 5. through 19. below, review your radiation protection program against the regulations, the license and the license conditions with all active amendments, your operating procedures and ALARA program to ensure that your program is reflective of current operations for the material to be used.

5. Individual(s) Who Will Use Radioactive Material
6. Radiation Safety Officer (RSO)
7. Radioactive Material
8. Instrumentation
9. Instrument Calibration and Operability Checks
10. Facilities and Equipment
11. Personnel Training Program
12. Procedure for Ordering and Receiving Radioactive Material
13. Procedure for Safely Opening Radioactive Material Packages
14. General Rules for the Safe Use of Radioactive Material (Including installation/relocation, if applicable)
15. Emergency Procedure
16. Monitoring Procedure
17. Waste Disposal
18. Testing Sealed Sources for Leakage and/or Contamination
19. Personnel Monitoring (If requesting installation/relocation)

(Check one block)

☐ No changes to above items.

☐ No changes to above items except as noted in attachments
(List items above that are attached: ____, ____, ____, ____, ____, ____, ____, ____).

ITEM 20. Fees

Please do not submit your fee payment. The licensee will be billed annually by the Agency for the appropriate fee category and number of job sites as specified in 32 Ill. Adm. Code 331.

Fee Category_____

ITEM 21. Financial Assurance (Check one)

The applicant must satisfy applicable financial assurance requirements as described in 32 Ill. Adm. Code 326.

☐ Exempt ☐ Existing document reviewed – no changes necessary ☐ Limiting condition applies

☐ Updated reclamation plan/cost estimate attached

ITEM 22. Certification

EACH APPLICANT MUST COMPLETE SECTION A:

A. I have reviewed the above items and hereby certify that my radiation protection program meets the current 32 Ill. Adm. Code, radioactive materials license with active amendments, operating procedures and ALARA Program, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE:_____ DATE:_____

NAME:_____ TITLE:_____

(Print or Type)

COMPLETE THIS SECTION IF THE APPLICANT IS AN INDIVIDUAL:

B. If you are applying as an individual, rather than as a corporation or other legal entity, you must provide the following information in order to process your application:

Have you defaulted on an educational loan guaranteed by the Illinois Student Assistance Commission? Yes ☐ No ☐

I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. Failure to certify may result in a denial of the license and making a false statement may subject you to contempt of court. (5 ILCS 100/10-65)

I declare that all information either included with or appearing on this application is accurate and true to the best of my knowledge.

SIGNATURE:_____ DATE:_____

APPLICANT'S SOCIAL SECURITY NUMBER:_____