

ITEMS 5. through 23.

For items 5. through 23. 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.

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| 5a. Individual(s) Who Will Use Radioactive Material | 14. Procedure for Safely Opening Radioactive Material Packages |
| 5b. Teletherapy Physicist | 15. General Rules for the Safe Use of Radioactive Material |
| 6. Radiation Safety Officer (RSO) | 16. Emergency Procedure |
| 7. Radioactive Material | 17. Waste Disposal |
| 8. Radiation Safety Committee | 18. Testing Sealed Sources for Leakage and/or Contamination |
| 9. Instrumentation | 19. Therapeutic Use of Radiopharmaceuticals |
| 10a. Dose Calibrator Calibration and Operability Checks | 20. Bioassay |
| 10b. Instrument Calibration and Operability Checks | 21. Sealed Sources for Brachytherapy |
| 11. Facilities and Equipment | 22. Procedure for Use of Radioactive Gas/Volatile Material |
| 12. Personnel Training Program | 23. Personnel Monitoring |
| 13. Procedure for Ordering and Receiving Radioactive Material | |

(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 24. 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 25. 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 26. 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: _____