

Republic of the Philippines
 Department of Science and Technology
PHILIPPINE NUCLEAR RESEARCH INSTITUTE
 Commonwealth Avenue, Diliman, Quezon City

**APPLICATION FOR A RADIOACTIVE MATERIAL LICENSE
 (Radioactive Sources Contained in Industrial Devices)**

INSTRUCTIONS: To complete this application, refer to Part 16 of the Code of PNRI Regulations and the corresponding Regulatory Guide for the Preparation of Application for a License for the Use of Radioactive Sources contained in Industrial Devices. Submit one copy of the completed application, with the specified application/license fee and all required attachments, to the Nuclear Regulatory Division of the Philippine Nuclear Research Institute, Commonwealth Avenue, Diliman, Quezon City.

This is an application for: (Check appropriate box)

- A. NEW LICENSE
 B. AMENDMENT TO LICENSE NUMBER _____
 C. RENEWAL OF LICENSE NUMBER _____

1. NAME AND MAILING ADDRESS OF APPLICANT.

Company: _____
 Address: _____
 Head of the Company: _____
 Telephone/Mobile Phone Number: _____
 Fax Number: _____
 E-Mail Address: _____

2. PERSON TO BE CONTACTED ABOUT THE APPLICATION.

Name: _____
 Position/Title: _____
 Address: _____
 Telephone/Mobile Phone Number: _____
 Fax Number: _____
 E-Mail Address: _____

3. RADIOACTIVE SOURCE(S)

3.1 Radioactive Source(s) Contained in Industrial Devices

Radioactive Source (Element/ Mass Number)	Model Number	Serial Number	Manufacturer	Maximum Activity in each Radioactive Source (Bq)(Indicate reference date for each source)

4. PURPOSE(S) OF USE.

5. LOCATION(S) OF USE.

5.1 Permanent Facility

Address: _____
 Telephone Number: _____
 Fax Number: _____
 E-Mail Address: _____

5.2 Temporary Jobsites

Address: _____
 Telephone Number: _____
 Fax Number: _____
 E-Mail Address: _____

6. FACILITIES AND EQUIPMENT (Attach supplementary sheets, if necessary).

6.1 Industrial Device(s)

Device	Model Number	Serial Number	Manufacturer	For Use In	
				Permanent Facility	Temporary Jobsite
Industrial Devices					
Associated Equipment					

6.2 Radiation Survey Instruments

Type of Instrument	Model No.	Serial No.	Manufacturer	Sensitivity Range (mSv/h)	Date of Last Calibration	Organization to Perform Calibration

6.3 Personnel Monitoring Devices

Passive Devices	No. of Units	Name and Address of Supplier(s)	Frequency of Change	
Film Badge				
TLD				
OSL				
Active Devices	No. of Units	Name and Address of Supplier(s)	Date of Last Calibration	Range
Pocket Dosimeter				
Alarm Ratemeters				
Others				

7. PROPOSED RADIATION WORKERS.

(Accomplish Attachments A and B for the training and experience of each person named below and submit certificates of relevant trainings and experiences.)

Worker	Name	Description of Training/Experience
Radiation Safety Officer		
Assistant RSO		
Authorized Operators		

8. RADIATION SAFETY PROGRAM. (Check appropriate space and attach the required Information. Additional specific procedures may be required as may be deemed necessary.)

Description	Attached	Remarks
8.1 Organization		
8.2 ALARA Program		
8.3 Inventories		
8.4 Leak Testing of Radioactive Sources		
8.5 Operating Procedures		
8.6 Radiation Monitoring		
8.7 Installation, Repair and Maintenance		
8.8 Personnel Monitoring		
8.9 Transport of Radioactive Sources		
8.10 Emergency Plan and Procedure		
8.11 Recordkeeping		

9. TRAINING PROGRAM

10. SECURITY AND CONTROL OF RADIOACTIVE SOURCES.

11. RADIOACTIVE WASTE MANAGEMENT PROGRAM.

12. APPLICATION FEE _____ Official Receipt No. _____
 Date: _____
LICENSE FEE _____ Official Receipt No. _____
 Date: _____

13. CERTIFICATION.

The applicant understands that all statements and representations made in this application are binding upon the applicant. The applicant or any official executing this certification on behalf of the applicant certifies that this application is prepared in conformity with the applicable requirements in the Code of PNRI Regulations and that all information contained herein are true and correct to the best of his knowledge and belief.

 Signature over Printed Name

 Title/Position

 Date

14. ACKNOWLEDGEMENT.

{Republic of the Philippines}
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Before me, a Notary Public for and in the above jurisdiction, personally appeared the following persons:

Name _____ CTC No. _____ Date/Place Issued _____
Name _____ CTC No. _____ Date/Place Issued _____

both known to me to be the same persons who executed the foregoing application and all attachments, and acknowledged to me the same to be their free and voluntary act and deed.

Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

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ATTACHMENT A

**TRAINING AND EXPERIENCE OF PROPOSED
 RADIATION SAFETY OFFICER (RSO) AND ASSISTANT RSO**

NAME: _____
NAME OF COMPANY: _____
EDUCATIONAL DEGREE: _____

1" x 1" ID Photo

1. TRAINING IN RADIATION SAFETY

Field of Training	Location of Training	Date of Training	Duration of Training (Hours)		
			Lecture	Laboratory	On-the-Job
a. Radiation Physics and Instrumentation					
b. Radiation Safety					
c. Mathematics Pertaining to the Use and Measurement of Radioactivity					
d. Security of Radioactive Sources					
e. Nuclear Regulations and Licensing					

2. EXPERIENCE WITH RADIOACTIVE SOURCES

Radioactive Source/Device	Maximum Amount of Radioactive Source Handled	Where Experience Was Gained	Duration of Experience	Type of Use

3. CERTIFICATES OF RELEVANT TRAININGS/EXPERIENCES

Title of Training	Place of Training	Date of Training

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Proposed RSO/ARSO

Date: _____

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ATTACHMENT B

**TRAINING AND EXPERIENCE OF PROPOSED
 AUTHORIZED OPERATORS OF INDUSTRIAL DEVICE**

NAME : _____
 NAME OF COMPANY: _____
 EDUCATIONAL DEGREE : _____

1" x 1" ID PHOTO

1. TRAINING IN RADIATION SAFETY

Field of Training	Location of Training	Date of Training	Duration of Training (Hours)		
			Lecture	Laboratory	On-the-Job
a. Radiation Physics & Instrumentation					
b. Radiation Safety					
c. Radiation Detection & Measurement					
d. Security of Radioactive Sources					
e. Nuclear Regulations and Licensing					

2. EXPERIENCE IN THE OPERATION OF AN INDUSTRIAL DEVICE

Equipment (Brand Name, Model/Serial Numbers)	Radioactive Source (Element & Mass No.)	Activity of the Source (Becquerels)	Where Experience was Gained	Duration of Experience (Months)

3. CERTIFICATES OF RELEVANT TRAININGS/EXPERIENCES

Title of Training	Place of Training	Date of Training

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Proposed Authorized Operator
 Date: _____