

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

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE FOR COMMERCIAL PROVIDERS OF NUCLEAR TECHNICAL SERVICES

INSTRUCTIONS: To complete this application, refer to Part 25 of the Code of PNRI Regulations and the corresponding Regulatory Guide for the Preparation of Application for a Radioactive Material License for Commercial Providers of Nuclear Technical Services. Submit duplicate copies of the completed application form, with the specified application/license fee, and all required attachments, to the Nuclear Regulatory Division, Philippine Nuclear Research Institute, Commonwealth Avenue, Diliman, Quezon City.

This is an application for: (Tick appropriate box)

- A. NEW LICENSE
 B. AMENDMENT TO LICENSE NO. _____
 C. RENEWAL OF LICENSE NO. _____

1. NAME AND COMPLETE ADDRESS OF APPLICANT.

Institution/Firm _____

Address _____

Director/Chairman of the Institution _____

Telephone Number _____

Fax Number _____

E-mail Address _____

2. PERSON TO BE CONTACTED ABOUT THIS APPLICATION.

Name _____

Position/Title _____

Address _____

Telephone Number _____

Fax Number _____

E-mail Address _____

3. LOCATION(S) WHERE SERVICE WILL BE RENDERED.

| Location (Address, Tel. Number) | Service(s) to be Provided |
|---------------------------------|---------------------------|
| | |
| | |
| | |

4. RADIOACTIVE MATERIALS AND PURPOSE(S) OF USE.

4.1 Unsealed Radioactive Materials

| Radionuclide (Element/Mass Number) | Chemical/Physical Form | Max. Amount to be Possessed at any One Time (MBq) | Purpose of Use |
|------------------------------------|------------------------|---|----------------|
| | | | |
| | | | |
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| | | | |

4.2 Sealed Sources

| Radionuclide (Element-Mass Number) | Manufacturer | Model/Serial Number | Number of Units (Quantity) | Max. Amount to be Possessed at any One Time (MBq) | Purpose of Use |
|------------------------------------|--------------|---------------------|----------------------------|---|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

5. RADIATION MONITORING INSTRUMENTS.

5.1 Personnel Monitoring Instruments

5.1.1 Passive Dosimeters

| Type | Quantity | Type of Radiation Detected | Type of Monitoring | Frequency of Change | Name and Address of Supplier(s) |
|------|----------|----------------------------|--------------------|---------------------|---------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

5.1.2 Direct Reading Dosimeters

| Type | Quantity | Range | Date of Last Calibration | Name and Address of Supplier |
|------------------|----------|-------|--------------------------|------------------------------|
| Pocket Dosimeter | | | | |
| Others | | | | |

5.2 Radiation Survey Instruments

| Type of Instrument | Manufacturer / Distributor | Model | Serial Number | Sensitivity Range (mSv/hr) | Date of Last Calibration | Organization to Perform Calibration |
|--------------------|----------------------------|-------|---------------|----------------------------|--------------------------|-------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

6. PROPOSED RADIATION WORKERS.

| Worker | Name | Telephone Number/E-mail Address | Description of Training/Experience |
|--------------------------------|------|---------------------------------|------------------------------------|
| Radiation Safety Officer (RSO) | | | |
| Assistant RSO | | | |
| Authorized Personnel | | | |
| | | | |
| Ancillary Personnel | | | |
| | | | |

Attached

Remarks

7. FACILITIES AND EQUIPMENT.

7.1 Facility Layout

- Layout of the Facility _____
- Additional Safety Equipment _____
- Shielding Design/Calculations _____

8. TRAINING PROGRAM. _____

9. SCOPE OF SERVICES. _____

10. QUALITY MANAGEMENT PROGRAM. _____

11. RADIATION SAFETY PROGRAM.

| Item | Title | Model Procedure Attached | Equivalent Procedure Attached | N/A | Remarks |
|------|-------------------------------------|--------------------------|-------------------------------|--------------------------|---------|
| 11.1 | ALARA Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.2 | Personnel Monitoring Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.3 | Radiation Monitoring Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.4 | Leak Testing of Radioactive Sources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.5 | Operating and Emergency Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.6 | Transport of Radioactive Material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.7 | Security of Sources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Attached

Remarks

12. RADIOACTIVE WASTE MANAGEMENT. _____

13. APPLICATION FEE PhP _____ Official Receipt Number _____
Date _____

LICENSE FEE PhP _____ Official Receipt Number _____
Date _____

14. CERTIFICATION:

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

Signature of Certifying Official

Typed or Printed Name of
Certifying Official

Title/Position of Certifying Official

Date

15. 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 (Enclose certificates of training and use additional sheets if necessary.)

| 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 (Submit certificates of relevant trainings & experience.)

| 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: _____