

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
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**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
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**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: \_\_\_\_\_