



RADIOACTIVE MATERIALS LICENSE APPLICATION

for a Portable X-Ray Fluorescence Analyzer for the Detection and Analysis of Lead in Paint on Surfaces

The Commonwealth of Massachusetts
Department Of Public Health
Radiation Control Program
250 Washington St., Boston, MA 02108
Tel: 617-242-3035 Fax: 617-242-3457

INSTRUCTIONS: Complete all items in this application for a new license or the renewal of an existing license. Use supplemental sheets where necessary. Item 8 must be completed on all applications. Send this application, including any attachments and/or supplements, to RadiationControl@mass.gov. Upon approval of this application, the applicant will receive a Commonwealth of Massachusetts Radioactive Material License issued in accordance with the general requirements of the Code of Massachusetts Regulations chapter 105 section 120: To Control the Radiation Hazards of Radioactive Material and of Machines Which Emit Ionizing Radiation.

1. THIS IS AN APPLICATION FOR: <input type="checkbox"/> A. NEW LICENSE <input type="checkbox"/> B. AMENDMENT TO LICENSE NO.: _____ <input type="checkbox"/> C. RENEWAL OF LICENSE NO.: _____	2. TOTAL NUMBER OF DEVICES TO BE LICENSED FOR STORAGE AS INDICATED IN ITEM 3B BELOW:																		
3A. NAME, TELEPHONE, AND MAILING ADDRESS OF APPLICANT: (Institution, Firm, Individual Owner, etc.)	3B. ADDRESS(ES) WHERE DEVICE(S) WILL BE STORED:																		
4A. NAME, TELEPHONE, AND EMAIL ADDRESS OF RADIATION SAFETY OFFICER OR SOLE USER:	4B. TRAINING OF RSO OR SOLE USER: (Name of trainer, date(s) of training; include copy of training certificate(s))																		
5A. & 5B. ADDITIONAL USER(S) AND TRAINING: <i>[list additional users on separate sheet in same format; include copy of training certificate(s)]</i>																			
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;">Name of User</th><th style="width: 40%;">Name of Trainer</th><th style="width: 20%;">Date(s) of Training</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		Name of User	Name of Trainer	Date(s) of Training															
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6. DESCRIPTION OF THE DEVICE(S): <i>[list additional devices on separate sheet in same format; include copy of most recent leak test]</i>																			
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">Manufacturer</th><th style="width: 15%;">Model</th><th style="width: 15%;">Serial Number</th><th style="width: 15%;">Source Isotope</th><th style="width: 15%;">Activity (mCi)</th><th style="width: 15%;">Purchase Date</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		Manufacturer	Model	Serial Number	Source Isotope	Activity (mCi)	Purchase Date												
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7. PHYSICAL SECURITY: <i>(on a separate sheet)</i> <i>Refer to Regulatory Guide 2.0, Revision 1.0</i>	8. RADIATION SAFETY AND EMERGENCY PROCEDURES: <i>(on a separate sheet)</i> <i>Refer to Regulatory Guide 2.0, Revision 1.0</i>																		
9. CERTIFICATION: I, the undersigned, on behalf of the applicant, hereby certify that: ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT; THIS APPLICATION IS PREPARED IN CONFORMITY WITH 105 CMR 120.000; AND, ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. <table style="width: 100%; margin-top: 20px;"><tr><td style="width: 50%; text-align: center;">_____ NAME OF CERTIFYING INDIVIDUAL</td><td style="width: 50%; text-align: center;">_____ SIGNATURE OF CERTIFYING INDIVIDUAL</td></tr><tr><td style="width: 50%; text-align: center;">_____ TITLE OF CERTIFYING INDIVIDUAL</td><td style="width: 50%; text-align: center;">_____ DATE</td></tr></table>		_____ NAME OF CERTIFYING INDIVIDUAL	_____ SIGNATURE OF CERTIFYING INDIVIDUAL	_____ TITLE OF CERTIFYING INDIVIDUAL	_____ DATE														
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