

**RADIOACTIVE MATERIALS SECTION
APPLICATION FOR RADIOACTIVE MATERIALS LICENSE
HUMAN USE**

INSTRUCTIONS - Complete Items 1 – 35 as applicable. Item 35 must be completed on all applications. Use supplemental sheets where necessary. **Mail the original and one copy to:** Department of Health, Bureau of Radiation Control, Radioactive Materials Section, 4052 Bald Cypress Way, Bin #C21, Tallahassee, FL 32399-1741. *Regulatory Guidance Documents are available from the Bureau of Radiation Control to assist in completing this application.*

1.a. LEGAL NAME, MAILING ADDRESS

(Include ZIP code), FEI #, Phone & Fax Numbers:

FEI # _____

Telephone # _____

Fax # _____

1.b. STREET ADDRESS WHERE RADIOACTIVE MATERIALS WILL BE USED OR STORED (Include ZIP Code)

Same as 1.a.

2.a. LICENSE FEE CATEGORY

(See 64E-5.204, F.A.C., for license descriptions)

b. LICENSE FEE ENCLOSED: \$ _____

3. THIS IS AN APPLICATION FOR:

- a. New License**
- b. Amendment To License Number:** _____
- c. Renewal Of License Number:** _____

4. INDIVIDUAL USERS & REQUESTED USES

(Name all Authorized Users & Authorized Medical Physicists, who may receive, possess, prepare, use or transfer radioactive materials or directly supervise others in these activities.)

SEE ATTACHED LIST

5.a. RADIATION SAFETY OFFICER (RSO):
(Name and Contact Information)

Name: _____

RSO Phone #: _____

RSO E-Mail: _____

5.b. ALTERNATE EMERGENCY CONTACT:

Name: _____

Contact Phone #: _____

Contact E-Mail: _____

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| 6.a. Radioactive Materials For Medical Use By 64E-5, Florida Administrative Code | Y= <input checked="" type="checkbox"/> | Possession Limits |
|--|--|----------------------------|
| Both: 64E-5.626(1) & (2) Uptake, Dilution, Excretion (Written Directive Required) (NaI-131 \geq 30 μ Ci) <input type="checkbox"/> Capsule form ONLY I-131 or <input type="checkbox"/> I-131 Bioassay Program Attached | <input type="checkbox"/> | 0.5 curies or _____ curies |
| Only 64E-5.626(1) Uptake, Dilution or Excretions (No Written Directive Required) (NaI-131 < 30 μ Ci) | <input type="checkbox"/> | 0.5 curies or _____ curies |
| Only 64E-5.626(2) Uptake, Dilution or Excretions (Written Directive Required) (NaI-131 \geq 30 μ Ci) <input type="checkbox"/> Capsule form ONLY I-131 or <input type="checkbox"/> I-131 Bioassay Program Attached | <input type="checkbox"/> | 0.5 curies or _____ curies |
| All: 64E-5.627(1), (2), & (3) Imaging & Localizations (Written Directive Required) (NaI-131 \geq 30 μ Ci) <input type="checkbox"/> Capsule form ONLY I-131 or <input type="checkbox"/> I-131 Bioassay Program Attached | <input type="checkbox"/> | 2 curies or _____ curies |
| Only 64E-5.627(1) Imaging and Localizations (No Written Directive Required) (NaI-131 < 30 μ Ci) | <input type="checkbox"/> | 2 curies or _____ curies |
| Both 64E-5.627(2) & (3) Imaging & Localizations (Written Directive Required) (NaI-131 \geq 30 μ Ci) <input type="checkbox"/> Capsule form ONLY I-131 or <input type="checkbox"/> I-131 Bioassay Program Attached | <input type="checkbox"/> | 2 curies or _____ curies |
| <input type="checkbox"/> 64E-5.627 (4) Xe-133 Gas <input type="checkbox"/> Tc99m Aerosol | <input type="checkbox"/> | _____ millicuries |
| 64E-5.628(1) Mo99/Tc99m Generator | <input type="checkbox"/> | 5 curies |
| 64E-5.628(2) or (3) Other Generators | <input type="checkbox"/> | Complete Item 6.b. |
| 64E-5.630 Radiopharmaceutical Therapy (Written Directive Required) <input type="checkbox"/> Capsule form ONLY I-131 or <input type="checkbox"/> I-131 Bioassay Program Attached | <input type="checkbox"/> | 2 curies or _____ curies |
| 64E-5.632 Manual Brachytherapy | <input type="checkbox"/> | 2 curies or _____ curies |
| 64E-5.632(2) Sr-90 Eye Applicator ONLY | <input type="checkbox"/> | Complete Item 6.b. |
| 64E-5.632(3)&(4) Pd-103 or I-125 for Permanent Implants ONLY | <input type="checkbox"/> | 2 curies or _____ curies |
| 64E-5.634(1) Gamma Stereotactic Radiosurgery | <input type="checkbox"/> | Complete Item 6.b. |
| 64E-5.634(2) Remote Afterloaders | <input type="checkbox"/> | Complete Item 6.b. |
| 64E-5.634(3) Teletherapy | <input type="checkbox"/> | Complete Item 6.b. |
| 64E-5.664 Other Medical Uses Not Listed Above (Detailed Information Attached) | <input type="checkbox"/> | Complete Item 6.b. |
| 64E-5.617 Quantities Exceeded: Calibration, Reference, or Transmission Sources or Other Radioactive Materials in Quantities Greater than Allowed by 64E-5.617 | <input type="checkbox"/> | Complete Item 6.b. |
| 64E-5.631 Sealed Sources for Diagnostic Uses | <input type="checkbox"/> | Complete Item 6.b. |

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6.b. Radioactive Materials Details Not Provided In Item 6.a.

| Isotope | Chemical or Physical Form | Maximum number of sources, activity (curies) for each source and total activity | Purpose for which radioactive materials will be used: |
|-----------|--|---|--|
| Ex. Co-60 | Sealed source XYZ Corp. Model XYZ for use in XYZ Corp Model AAA therapy device | 30 sources, 2 curies each for a total of 60 curies. | 64E-634(1). 15 sources for possession for source exchanges. See attached for procedure details |
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| Item | Appendix | Title | Model Procedure Attached Or NA | Equivalent Procedure Attached |
|------|----------|--|--------------------------------|-------------------------------------|
| 7 | None | Facility Diagram | <input type="checkbox"/> NA | <input checked="" type="checkbox"/> |
| 8 | A | Radiation Safety Committee | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | B | Instrumentation | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | C | Quality Control | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | D | Dose Calibrator | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | E | Personnel Monitoring | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | F | Training Program | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | G | Ordering And Receiving | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | H | Opening Packages | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | I | Use Records | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | J | Rules Of Use | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | K | Emergency Procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | L | Area Surveys | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | M | Members Of Public Dose Study | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | N | Radiopharmaceutical Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | O | Implant Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | P | Radioactive Gases & Aerosols | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | Q | Quality Management Program | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | R | ALARA Program (Radiation Safety Committee Required) | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | S | ALARA Program (No Radiation Safety Committee) | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | T | Leak Testing | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | U | Bioassay | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | V | Survey Meter Calibration | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | W | Waste | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | X | Inventory | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 | Y | Diagnostic Radiopharmaceuticals | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | Z | Mobile Nuclear Medicine | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 | Other | | NA | <input type="checkbox"/> |

35. CERTIFICATE

The applicant and any official executing this certificate on behalf of the applicant named in Item 1, certify that this application has been prepared in accordance with Chapter 64E-5, Florida Administrative Code, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief. *In addition, the applicant or executing official is acknowledging that they are aware that knowingly making false statements to a public servant is a violation of section 837.06, Florida Statutes, and is punishable by fine or imprisonment*

Certifying Official (Signature)

Name (typed or printed)

Title

Date