

Oregon Portable Gauge License Application

FOR OFFICE USE ONLY

Department of Human Services / Radiation Protection Services
800 NE Oregon St. #640 Portland, OR 97232-2162
Voice: (971) 673-0490 Fax: (971) 673-0553

INSTRUCTIONS - Use supplemental sheets where necessary. Maintain a complete copy of the application for your files. Upon approval, an Oregon Radioactive Materials License will be issued in accordance with Oregon Rules for the Control of Radiation.

1. Applicant Name

MAILING ADDRESS

STREET ADDRESS
where radioactive material will be used or stored

Corporation Yes State:

2. Contact RSO

Person to contact during application review
(may be other than the RSO in #5)

Telephone Fax E-mail

3. Application Type

New License

Renewal of License No.

4. Users/Training

Individuals who will use or supervise the use of radioactive materials. Attach a training certificate for each.

5. Radiation Safety Officer (RSO)

Responsible for Radiation Safety Program. Attach a signed copy of either Attachment **A** or equivalent duties.

NAME

6. Total number of gauges to be licensed

7. Gauge description Gauges used with sealed sources in Items 8-10 below.

ITEM	MANUFACTURER	MODEL NUMBER <i>e.g., Troxler Mod. 3440</i>	# of gauges	USE <i>e.g., moisture/density measurements</i>
A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Sealed source(s)
A
B

9. Manufacturer & Model No.
(e.g., Troxler Model Drawing No. A-102112: CPN-131)

10. Source Activity
millicuries or Becquerels

11. Radiation Survey Instruments *(e.g., Geiger counter)*

MANUFACTURER	MODEL NUMBER
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

12. Facilities
Facilities and storage diagram attached.

13. Radiation Protection Program (check one)
 Attachment **B** procedures attached, or
 Equivalent procedures attached

14. Certificate
I certify that all information contained herein, including any supplements, is true and correct to the best of my knowledge and belief.

PRINTED NAME AND TITLE OF CERTIFYING OFFICIAL DATE

SIGNATURE OF CERTIFYING OFFICIAL