

**FLORIDA DEPARTMENT OF HEALTH
 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		0.5 curies or _____ curies
Only 64E-5.626(1) Uptake, Dilution or Excretions (No Written Directive Required) (NaI-131 < 30 μ Ci)		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		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		2 curies or _____ curies
Only 64E-5.627(1) Imaging and Localizations (No Written Directive Required) (NaI-131 < 30 μ Ci)		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		2 curies or _____ curies
<input type="checkbox"/> 64E-5.627 (4) Xe-133 Gas <input type="checkbox"/> Tc99m Aerosol		_____ millicuries
64E-5.628(1) Mo99/Tc99m Generator		5 curies
64E-5.628(2) or (3) Other Generators		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		2 curies or _____ curies
64E-5.632 Manual Brachytherapy		2 curies or _____ curies
64E-5.632(2) Sr-90 Eye Applicator ONLY		Complete Item 6.b.
64E-5.632(3)&(4) Pd-103 or I-125 for Permanent Implants ONLY		2 curies or _____ curies
64E-5.634(1) Gamma Stereotactic Radiosurgery		Complete Item 6.b.
64E-5.634(2) Remote Afterloaders		Complete Item 6.b.
64E-5.634(3) Teletherapy		Complete Item 6.b.
64E-5.664 Other Medical Uses Not Listed Above (Detailed Information Attached)		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		Complete Item 6.b.
64E-5.631 Sealed Sources for Diagnostic Uses		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

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		
9	B	Instrumentation		
10	C	Quality Control		
11	D	Dose Calibrator		
12	E	Personnel Monitoring		
13	F	Training Program		
14	G	Ordering And Receiving		
15	H	Opening Packages		
16	I	Use Records		
17	J	Rules Of Use		
18	K	Emergency Procedures		
19	L	Area Surveys		
20	M	Members Of Public Dose Study		
21	N	Radiopharmaceutical Therapy		
22	O	Implant Therapy		
23	P	Radioactive Gases & Aerosols		
24	Q	Quality Management Program		
25	R	ALARA Program (Radiation Safety Committee Required)		
26	S	ALARA Program (No Radiation Safety Committee)		
27	T	Leak Testing		
28	U	Bioassay		
29	V	Survey Meter Calibration		
30	W	Waste		
31	X	Inventory		
32	Y	Diagnostic Radiopharmaceuticals		
33	Z	Mobile Nuclear Medicine		
34	Other		NA	

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