

ANNEX E

PNRI/NRD Form-017
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Republic of the Philippines
Department of Science and Technology
PHILIPPINE NUCLEAR RESEARCH INSTITUTE
Commonwealth Avenue, Diliman, Quezon City

APPLICATION FOR A RADIOACTIVE MATERIAL LICENSE (COMMERCIAL SALE AND DISTRIBUTION)

INSTRUCTIONS: To complete this application, refer to Part 17 of the Code of PNRI Regulations and the corresponding Regulatory Guide for the Preparation of Application for a License for Commercial Sale and Distribution of Radioactive Material. Submit duplicate copies of the completed application form, with the specified application/license fee, and all required attachments, to the Nuclear Regulatory Division, Philippine Nuclear Research Institute, Commonwealth Avenue, Diliman, Quezon City.

This is an application for: (Check appropriate box)

- | | | |
|--------------------------|----|--------------------------------|
| ☐ | A. | NEW LICENSE |
| ☐ | B. | AMENDMENT TO LICENSE NO. _____ |
| ☐ | C. | RENEWAL OF LICENSE NO. _____ |

1. NAME AND COMPLETE ADDRESS OF APPLICANT/LICENSEE.

Institution/Firm _____
Address _____
Director/Chairman of the Institution _____
Telephone and Fax Number _____
E-mail Address _____

2. PERSON TO BE CONTACTED ABOUT THE APPLICATION.

Name _____
Position/Title _____
Address _____
Telephone/Fax Number _____
Mobile Phone Number _____
E-mail Address _____

3. LOCATION(S) OF STORAGE (Include facility layout).

Address (Department/Section,
Room No., Building):
Telephone Number:
Fax Number:
E-Mail Address:

4. RADIOACTIVE MATERIAL(S) AND ITS ASSOCIATED DEVICE(S) FOR SALE AND DISTRIBUTION AND PURPOSE(S) OF USE.

- ☐ A. Sell and Distribute Sealed Sources and Devices for Use in Industrial Gauges and Radiographic Operations.
- ☐ B. Sell and/or Distribute Radiopharmaceuticals for Medical Use.
- ☐ C. Sell and/or Distribute Radioactive Materials for Certain In-Vitro Clinical or Laboratory Testing.
- ☐ D. Sell and/or Distribute Generators.
- ☐ E. Sell and/or Distribute Sealed Sources and Devices for Medical Use in Teletherapy and Brachytherapy.
- ☐ F. Sell and Distribute Sealed Sources for Large Irradiators.
- ☐ G. Sell and/or Distribute Check, Reference and Calibration Sources.
- ☐ H. Sell and/or Distribute Devices Containing Radioactive Material of Exempt Quantity to Persons Exempt from Licensing.
- ☐ I. Others

4.1 Unsealed Radioactive Materials

Radionuclide (Element/Mass Number)	Chemical/Physical Form	Activity per Unit (MBq)	Max. Amount to be Possessed/Sold at Any One Time (MBq)

4.2 Sealed Sources

Radionuclide (Element-Mass Number)	Manufacturer	Sources Model Number	Source Serial Number	Number of Units (Quantity)	Max. Amount to be Possessed/sold at Any One Time (MBq)

4.3 Device(s)

Device(s)	Manufacturer	Model Number	Serial Number	Purpose(s) of Use

5. RADIATION MONITORING INSTRUMENTS (IF APPLICABLE)

5.1 Individual Monitoring Devices

5.1.1 Passive Dosimeters

Type	Quantity	Type of Radiation Detected	Type of Monitoring	Frequency of Change	Name and Address of Supplier(s)

5.1.2 Direct Reading Dosimeters

Type	Quantity	Range	Date of Last Calibration	Name and Address of Supplier
Pocket Dosimeter				
Others				

5.2 Radiation Survey Instruments

Type of Instrument	Manufacturer/Distributor	Model	Serial Number	Sensitivity Range (mSv/hr)	Date of Last Calibration	Organization to Perform Calibration

6. PROPOSED RADIATION WORKERS.

Worker	Name	Telephone Number/E-mail Address	Description of Training/Experience
Radiation Safety Officer (RSO) ^a			
Assistant RSO ^a			
Authorized Personnel ^b			

Append: ^aDelegation of Authority, Certificates, and Specific duties and responsibilities as **Attachment 1**.

^bcertificates of relevant training and experience (as applicable) as **Attachment 2**.

7. FACILITIES AND EQUIPMENT. (This is only applicable to applicants who will be storing RAM/device containing RAM)

8. RADIATION SAFETY PROGRAM. (As applicable)

- 8.1 ALARA Program.
- 8.2 Duties and responsibilities/Role of the RSO.
- 8.3 Personnel Monitoring Program.
- 8.4 Radiation Monitoring Program.
- 8.5 Operating and Emergency Procedures. Actions to be taken in case of accident/incident (e.g. vehicular accident, loss/theft) of radioactive material.
- 8.6 Training Program.
- 8.7 Transport of Radioactive Material. Role of the applicant upon receipt of shipment from the Bureau of Customs (including safe transport of radioactive materials from the Bureau of Customs to the client).
- 8.8 Procedure for storage of radioactive material. If package will be stored in your facility please provide description of facility including control of access and personnel in-charge for the safekeeping and inventory
- 8.9 Procedure for conducting physical inventory of stored/undelivered radioactive materials.
- 8.10 Import and Export of Radioactive Material. Program for the disposal of expired/undelivered/spent radioactive materials.
- 8.11 Security and Control of Radioactive Sources.

9. RADIOACTIVE WASTE MANAGEMENT.

- 10. APPLICATION FEE** PhP _____ Official Receipt Number _____
Date _____
- LICENSE FEE** PhP _____ Official Receipt Number _____
Date _____

11. CERTIFICATION.

The applicant understands that all statements and representations made in this application are binding upon us. Further, the applicant and any official executing this certification on behalf of the applicant certify that this application is prepared in conformity with the applicable requirements in the Code of PNRI Regulations and that all information contained herein is true and correct to the best of our knowledge and belief.

Signature of Certifying Official

Typed or Printed Name of
Certifying Official

Title/Position of Certifying Official

Date

12. 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 _____

Republic of the Philippines
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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

1. TRAINING IN RADIATION SAFETY

(Enclose certificates of training and use additional sheets if necessary.)

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 AND ASSOCIATED EQUIPMENT/INSTRUMENTS/DEVICES

Radioactive Source/ Equipment/ Instruments/Devices	Maximum Amount of Radioactive Source Handled	Where Experience Was Gained	Duration of Experience	Type of Use

3. CERTIFICATES OF RELEVANT TRAININGS/EXPERIENCES (Submit certificates of relevant trainings & experience.)

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 PERSONNEL**

NAME: _____
NAME OF COMPANY: _____
EDUCATIONAL DEGREE: _____

1" x 1"
ID
Photo

1. TRAINING IN RADIATION SAFETY

(Enclose certificates of training and use additional sheets if necessary.)

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 AND ASSOCIATED EQUIPMENT/INSTRUMENTS/DEVICES

Radioactive Source/ Equipment/ Instruments/Devices	Maximum Amount of Radioactive Source Handled	Where Experience Was Gained	Duration of Experience	Type of Use

3. CERTIFICATES OF RELEVANT TRAININGS/EXPERIENCES (Submit certificates of relevant trainings & experience.)

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 Personnel

Date: _____