



ARKANSAS DEPARTMENT OF HEALTH

**RADIATION CONTROL SECTION
RADIOACTIVE MATERIALS PROGRAM
4815 WEST MARKHAM STREET, SLOT #30
LITTLE ROCK, ARKANSAS 72205-3867
TELEPHONE: (501) 661-2173
FAX: (501) 661-2849**

**APPLICATION FOR REGISTRATION AS A VENDOR
IN THE STATE OF ARKANSAS**

<p>1. Name:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2. Mailing Address:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>3. This application is for (check one):</p> <p>_____ New Registration</p> <p>_____ Change in Registration (no fee)</p>	<p>4. Telephone Number:</p> <p>(____) _____</p> <p>5. Radiation Safety Officer/Contact Person:</p> <p>_____</p>

Please check the following services(s) you will provide to Arkansas licensees:

- _____ 6.a. Equipment Services
- _____ 1. Installation or servicing of devices containing radioactive material
 - _____ 2. Calibration of radiation measurement instruments or devices

—————> See 7.a. for additional items to complete registration



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____ 6.b. Leak Test Collection/Leak Test Analysis Services

- ____ 1. Leak test collection
- ____ 2. Leak test analysis

—————> *See 7.b. for additional items to complete registration*

____ 6.c. Health Physics Support/Consulting

—————> *See 7.c. for additional items to complete registration*

____ 6.d. NORM Vendor Services

—————> *See 7.d. for additional items to complete registration*

____ 6.e. Dosimetry Services

- ____ 1. TLD's
- ____ 2. OSLD's
- ____ 3. DRD's
- ____ 4. Other dosimetry not subject to 6.a.2. (specify: _____)

—————> *See 7.e. for additional items to complete registration*

____ 6.f. Training Programs for licensees

—————> *See 7.f. for additional items to complete registration*

Please submit the following applicable items to complete the registration:

7.a. Equipment Services

- 1. Resume/curriculum vitae
- 2. Training certificates
- 3. On-the-job training documentation
- 4. Step by step calibration procedures, if applicable - including isotope, activity of the source, and sample calculations
- 5. Copy of NRC/Agreement State License, if applicable



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7.b. Leak Test Collection/Leak Test Analysis Services

1. Resume/curriculum vitae
2. Training certificates
3. On-the-job training documentation
4. Step-by-step procedures, including calculations, collection/analysis of the sample, and a copy of the leak test certificate (as applicable)
5. Copy of NRC/Agreement State License, if applicable

7.c. Health Physics Support/Consulting

1. Resume/curriculum vitae
2. Training certificates
3. On-the-job training documentation
4. A comprehensive list of services to be offered, specifying RAM or non-therapeutic particle accelerator use. Services to be provided by a Qualified Expert, as prescribed in the Rules, must be specifically listed.
5. Copy of NRC/Agreement State License, if applicable

7.d. NORM Vendor Services

1. Resume/curriculum vitae, training certificates, and on-the-job training documentation for all personnel actively involved in NORM vendor service work. (Training and experience requirements found in the Rules must be met.)
2. Copy of operating and emergency procedures for your company, including procedures for collecting/handling samples and for analysis of samples (as applicable)
3. Copy of any licensing for NORM remediation

7.e. Dosimetry Services

1. NVLAP accreditation number if providing dosimetry processing services
2. Step-by-step procedures if providing response to radiation checks of DRD's or other dosimetry not subject to 6.a.2. - including isotope, activity of the source, and sample calculations
3. Copy of NRC/Agreement State License, if applicable



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- 7.f. Training Programs for licensees
1. Resume/curriculum vitae for trainers
2. Training certificates/board certificates
3. On-the-job training documentation
4. Detailed course outline/content
5. Copy of exams given with correct answers indicated
6. Duration of course
7. Copy of NRC/Agreement State License, if applicable

8. A \$65.00 registration fee must be submitted at the time of application. You will be billed annually to the address in Item 2, unless an additional address is specified for invoicing.

9. Certification:

I certify that the above information is true and correct to the best of my knowledge.

Signature of Radiation Safety Officer or Certifying Individual

Printed Name

Title

Date