



## Access to License Information

Is any part of this application subject to a request for exemption from the PATI policy on public access to licensing information?

Yes

No

(Note: If Yes, attach details of request for exemption)

## Contact Person For Billing

Name:

Title:

Telephone Number:

Fax Number:

Email:

## Proof of Legal Status

Business Number:

Incorporated Company

Public Institution (Specify the Enabling Legislation [Act]):

Sole Proprietorship

Append proof of applicant's incorporation, registration or charter (specify the appendix name and number).

## Section 2 : Licensed Use Type, Activities and Locations

### Licensed Use Types

Indicate only one prescribed equipment use type. A separate application is needed for each.

**1. INDUSTRIAL/EDUCATIONAL (Non-human use)**

Industrial radiographers must submit copy of operating and safety procedures, training program, radiographer qualifications

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Non-cabinet Radiographer | <input type="checkbox"/> Non-cabinet Fluoroscopic    | <input type="checkbox"/> Diffraction |
| <input type="checkbox"/> Spectrometry             | <input type="checkbox"/> Fluorescence                | <input type="checkbox"/> Gauge       |
| <input type="checkbox"/> Cabinet                  | <input type="checkbox"/> Baggage                     | <input type="checkbox"/> Cargo       |
| <input type="checkbox"/> Shipping Containers      | <input type="checkbox"/> Other (explain in comments) |                                      |

**Licensed Activities**

Check as many activities as you intend to conduct in association with the nuclear substances that are associated with or arise from your selected prescribed equipment use type:

- |                                 |                                   |                                 |                                 |
|---------------------------------|-----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Store  | <input type="checkbox"/> Transfer | <input type="checkbox"/> Import | <input type="checkbox"/> Export |
| <input type="checkbox"/> Other: |                                   |                                 |                                 |

**Principle Location of Use and/or Storage**

Building:	Room Number:	
Street:	Parish:	Postal Code:
<input type="checkbox"/> Used At	<input type="checkbox"/> Stored At	<input type="checkbox"/> Both

**Other Locations of Use and/or Storage**

Building:		
Street:	Parish:	Postal Code:

Room Number:  Used At  Stored At  Both

Room Number:  Used At  Stored At  Both

Room Number:  Used At  Stored At  Both

Room Number:  Used At  Stored At  Both

Room Number:  Used At  Stored At  Both

More Locations Appended As:

**Section 2 : INDUSTRIAL/EDUCATIONAL Equipment**

**Class II Prescribed Equipment** (If more space is required, please submit on a separate sheet.)

Manufacturer	Model Name & Number	Certificate Number	Serial Number (If Available)	Location (Room Number)

**Section 3: Radiation Safety Program**

**Radiation Safety Officer (RSO)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_



## Section 4: Radiation Safety Policies and Procedures

### As Low As Reasonably Achievable (ALARA)

Append a copy of your organization's policies and procedures to ensure that radiation exposure is ALARA.

Appended as:

### Action Levels

Append a copy of your organization's policies and procedures regarding action levels.

Appended as:

### Worker Qualifications, Experience, Training and Authorization

Append a copy of your organization's policies and procedures which state that only trained workers may handle nuclear substances and attach a detailed description of the qualifications of workers and the proposed in-house training program.

Appended as:

### Incidents

Append a brief description of any unplanned events or incidents which happened within the last year.

Appended as:

## Section 5: Facility Planning and Design Parameters

### Site Control

Append proof of ownership or authorization to build on the proposed site and a description of the facility restrictions and public notification program.

Appended as:

### Facility Plans and Drawings

Append the plans and elevation drawings with the required information.

Appended as:

## Section 6: Safety System Requirements

### Warning Lights

Append a detailed description of the warning lights and indicate their locations on the plans of the inspection room.

Appended as:

### Radiation Warning System

If applicable, append a detailed description of the radiation warning system and its function. Indicate its

location on the plans of the inspection room.

Appended as:

## Warning Signs

Append a description of the size and location of the radiation warning signs to be posted at the facility.

Appended as:

## Section 7: Legal Signing Authority

### Signing Authority

I accept the designation of Signing Authority and certify that all information submitted is true and correct to the best of my knowledge. I understand that all statements and representations made in this application and on supplementary documentation are binding on the applicant.

Name:

Title:

Date:

DD / MM /  
YYY

Signature:

### Applicant Authority

I certify that all statements and representations made in this application and on supplementary pages are binding on the applicant.

Name:

Title:

Date:

/ /

Signature:

DD MM YYY

**Mail the completed application form, together with all relevant documentation to:**

Bermuda Department of Health  
Metro Building  
Occupational Safety & Health  
6 Hermitage Road  
Devonshire, FL 01

**Telephone:** 441-278-5333

**Fax:** 441-236-1941

**Email:** osh@gov.bm or ylightbourne@gov.bm