



Service Class II Prescribed Equipment Licence Application Form

Part A – Applicant

Part A must be completed for all licence applications.

A1 Type of request

New licence Renewal Current licence # _____

A2 Language of licence

English French Both

A3 Applicant information

Applicant: _____

Corporate number (if applicable): _____

Head Office Address:

Street: _____

City: _____ Province/State: _____

Postal Code/Zip Code: _____ Country: _____

Mailing Address (if different from above):

Street: _____

City: _____ Province/State: _____

Postal Code/Zip Code: _____ Country: _____

A4 Non-Canadian applicants

Agent of service (legal representative in Canada):

Street: _____

City: _____ Province: _____ Postal Code: _____

A5 Proof of legal status

Provide proof of legal status, such as a proof of incorporation or other applicable business document.

Appended as: _____

A6 Access to licensee information

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

Yes No

(Note: If yes, attach details of exemption request)

continued on next page



A7 Contact person for billing of cost recovery fees

Name: _____ Title: _____
Telephone: _____ Facsimile: _____
Email: _____ Not applicable

Part B – Servicing Activities and Locations

Part B must be completed for all licence applications.

B1 Servicing activities and locations

In-house servicing
Locations of servicing for in-house servicing
 Same as A4 Same as A5
 Other: Street: _____
City: _____ Province: _____ Postal Code: _____

Manufacturer servicing

Independent service provider

Part C – Class II Prescribed Equipment and Service Categories

Part C must be completed for all licence applications.

C1 Class II Prescribed Equipment and Service Type(s)

Append (as needed), in the format shown below, the following information for each item of Class II prescribed equipment to be serviced.

Equipment: _____

Manufacturer: _____

Model: _____

Characteristics:

Type of service planned: Basic preventive maintenance Corrective maintenance
 Extensive servicing

continued on next page

Part D – Radiation Safety Program

Part D must be completed for all licence applications.

D1 Radiation safety officer (RSO)

(Please print)

Name: _____ Title: _____

Telephone: _____ Facsimile: _____

Email: _____

RSO certification number (if available): _____

D2 RSO Acknowledgement

I accept the responsibilities described in the RSO job description noted in section D3.

Date: ____/____/____ Signature: _____
YYYY MM DD

D3 Radiation safety officer – job description

Append the applicant's RSO job description.

Appended as: _____

D4 Organizational management structure

Append a description of the internal allocation of functions, responsibilities and authority of the radiation safety management structure.

Appended as: _____

D5 Terms of reference for the radiation safety committee (if applicable)

Append a description of the terms of reference or the mandate for radiation safety of the "Radiation Safety Committee (RSC)" or equivalent "Health and Safety Subcommittees" in your organization.

Appended as: _____

Part E – Radiation Safety Policies and Procedures

Part E must be completed for all licence applications.

E1 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: _____

E2 Qualifications and duties of workers

Append a list of all anticipated job categories of workers who will be performing servicing activities encompassed by this licence. This list should include a description of the roles, responsibilities and duties of each job category and an overview of any in-house training.

Appended as: _____

E3 Worker radiation safety training

Append a detailed description of your organization's radiation safety training program for workers.

Appended as: _____

E4 Nuclear energy workers designation policy

Append a copy of your organization's policies and procedures which designate workers as nuclear energy workers (NEWs) and which provide customized instructions to them.

Appended as: _____

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E5 Personal dose monitoring

Append a copy of your organization's policies and procedures for external dose monitoring.

Appended as: _____

E6 Action levels (if applicable)

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

Appended as: _____

E7 Radiation detection instruments

Append a list of all radiation detection instruments with their operating characteristics and intended use.

Appended as: _____

In addition, append the policies and procedures for the use and calibration of the instruments in the list mentioned above.

Appended as: _____

If a commercial calibration service is being used, please provide the name and contact information for the company performing the calibration.

Commercial calibration service (if applicable)

Name: _____

Address: _____

Telephone: _____ Email: _____

E8 Packaging and transporting nuclear substances (if applicable)

Append a copy of your organization's policies and procedures for packaging and transporting nuclear substances during servicing.

Appended as: _____

E9 Leak testing of sealed sources (if applicable)

Append a copy of your organization's policies and procedures for leak testing of sealed radiation sources, including the actions to be taken when a sealed source is determined to be contaminated or leaking.

Appended as: _____

E10 Management of radioactive and other hazardous wastes (if applicable)

Append a list of the nuclear substances and other hazardous materials that may be transferred or disposed of during servicing. Append your organization's procedures detailing the handling, transfer, and the proposed methods of disposal.

Appended as: _____

E11 Emergency procedures

Append a copy of your organization's policies and procedures for responding to emergencies during servicing of Class II prescribed equipment. Include a list of any equipment that may be used.

Appended as: _____

E12 Reporting requirements

Append a copy of your organization's policies and procedures for responding to and reporting of reportable occurrences to the CNSC.

Appended as: _____

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E13 Record keeping requirements

Append a copy of your organization's policy requiring that all applicable records are maintained and available for inspection, and that information will be provided as required.

Appended as: _____

Part F – Renewals

Part F must be completed only for licence renewals.

F1 Radiation dose summary

Append a report summarizing the past year's external (TLD) radiation dosimetry results for all the licensee's monitored workers. Separately, append a list of workers whose doses exceeded dose limits. Include the names of the dosimetry services used.

Appended as: _____

F2 Installation or disposal of nuclear substances

Append a list of all nuclear substances that were installed in prescribed equipment or disposed of by any means including transfer to another licensee during the past year.

Appended as: _____

F3 Radiation Incidents

Append a description of any occurrences or incidents during the current licensing period that required investigation and, if needed, the remedial actions taken to prevent recurrence.

Appended as: _____

F4 Servicing operations

Append a report summarizing the number and types of servicing operations performed on Class II prescribed equipment during the current licensing period.

Appended as: _____

Part G – Servicing Procedures

Section G must be completed for all licence applications.

G1 Description of servicing

For each make and model of the Class II prescribed equipment listed in C1, append servicing methods or procedures.

Appended as: _____

G2 Post-servicing verification

Append the quality assurance procedures to be followed to ensure that the equipment is safe to use after servicing.

Appended as: _____

Part H – Legal Signing Authority

Section H must be completed for all licence applications.

H1 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 in supplementary documentation are binding on the applicant.

Name: _____ Title: _____

Signature: _____ Date: _____ / _____ / _____
YYYY MM DD

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