UNIVERSITY OF MISSOURI-COLUMBIA

APPLICATION FOR POSSESSION AND USE OF RADIOACTIVE MATERIALS

Authorization Number: Application Date:

TEMPORARY TRANSFER OF AUTHORIZATION PAGE
[This form or attachment must be typed or printed very neatly in black ink]

Transferring Authorized User

Name:

Purpose of absence:

Planned Period of Absence From: To:

Personal Data for Substitute Authorized User:

Authorized User to whom authorization is being temporarily transferred. This individual should have experience with similar radioactive materials and responsibility for labs in the vicinity of the transferred authorization.

Name: Authorization Number:

Department/Unit:

Office Address:

E-Mail Address:

Office Telephone: Lab Telephone: FAX:

Substitute Authorized User Statement

I understand and accept my responsibility to the best of my knowledge as a Substitute Authorized User to act in the name of the Authorized User during this period of absence.

Substitute Authorized User Signature ___________________________ Date ___________________________

Approval of Direct Supervisor for Transferring Authorized User

Name:

Department:

I support this temporary transfer.

Direct Supervisor Signature ___________________________ Date ___________________________