

UNIVERSITY OF MISSOURI-COLUMBIA

APPLICATION FOR POSSESSION AND USE OF RADIOACTIVE MATERIALS

Authorization Number:

Application Date:

AUTHORITY PAGE

[This form or attachment must be typed or printed very neatly in black ink]

Direct Supervisor Statement

Supervisor Name:

Supervisor Title:

Supervisor's Department/Unit/Other:

I support the use of radioactive materials by this Authorized User Applicant. I understand my responsibilities to the best of my knowledge as a supervisor of an Authorized User.

Direct Supervisor Signature

Date

Supervisor for Other Area

Supervisor Name:

Supervisor Title:

Supervisor's Department/Unit/Other:

I support the use of radioactive materials by this Authorized User Applicant in the area(s) listed below. I understand my responsibilities to the best of my knowledge as a supervisor of the rooms being utilized by this Authorized User.

Building: Room(s):

Building: Room(s):

Supervisor for Other Area Signature

Date