

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