## UNIVERSITY OF MISSOURI-COLUMBIA

## APPLICATION FOR POSSESSION AND USE OF RADIOACTIVE MATERIALS

**Authorization Number:** 

**Application Date:** 

## APPLICATION INITIATION PAGE

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

Application Type:	[]	New	[]	Amendment		
	[]	Renewal	[]	Co-Authorization		
	[]	Inactivation	[]	Re-activation		
	[]	Temporary Transfe	r []	Termination		
Personal Data						
Name:			ID#:			
Degree(s):			Job Ti	Job Title:		
Department/Unit:			Office	Office Address:		
E-Mail Address:			Office	Office Telephone:		
Lab Telephone:			FAX:			
Authorized User Statement						
I have read the Radiation Safety Manual and understand to the best of my knowledge its application to my requested use of radioactive material. I understand my responsibility as an Authorized User to train and provide a safe work environment for my personnel in accordance with University policy, State and Federal regulations. I understand my responsibility to maintain proper records by documenting radiation surveys and maintaining radioisotope inventory records. I accept the responsibilities of being an Authorized User and will comply with the MU Radiation Safety Program.						
Applicant Signature					Date	
For Radiation Safety Office Use Only						
Health Physicist		Date Cha	ir, Radiatio	on Safety Committee	Date	
For New Authorizations for Human Use:			Administr	ator	Date	