



APPLICATION FOR RADIOACTIVE MATERIAL PERMIT

1. PROSPECTIVE USER INFORMATION

Name	Title	Department
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UGAID Number

Emergency and afterhours contact information

Contact Priority	Name	Telephone / Pager Number	Telephone / Pager
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3. REQUESTED RADIOACTIVE MATERIAL TYPES AND QUANTITIES

Isotope	Maximum Quantity (mCi) to Possess at One Time	Chemical/Physical
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5. PROPOSED USES

Please provide here, or as an attachment, information detailing proposed uses.



6. PROSPECTIVE USER TRAINING AND EXPERIENCE SUMMARY

Prospective User Radiation Safety Training History

Description of Training Course	Approximate # of Hours	Location / Institution	Date

Radiological Work Experience of Prospective User

Isotopes / Quantity Range	Location / Institution	Date

7.





10. WASTE HANDLING AND DISPOSAL

Sewer disposal planned? (yes/no)		Maximum Concentration	Requested Monthly Limit
Isotope	Solution (chemical/physical form)		
		0.05 $\mu\text{Ci/ml}$	μCi
		0.05 $\mu\text{Ci/ml}$	μCi
		0.05 $\mu\text{Ci/ml}$	μCi



11. PROJECT SPECIFIC INFORMATION REGARDING METHODS TO MAINTAIN EXPOSURE TO AND RADIOACTIVE MATERIALS ALARA

Please provide here, or as attachment, project specific ALARA information in accordance with section 11 of the Instructions for Radioactive Material Permit Application.



ACKNOWLEDGEMENT OF RESPONSIBILITY

If permitted to use radioactive materials at the University of Georgia, I acknowledge my acceptance of the following responsibilities:

x Radioactive materials will only be used in accordance with the provisions requested in this Radioactive Materials Permit Application and as set forth in the Radioactive Materials Permit, including any amendments and authorized attachments.

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