



RADIOACTIVE MATERIALS PERMIT AMENDMENT
ADVANCED RADIATION WORKER CHANGE

Name of Authorized User	Permit (License) Number

New Advanced Radiation Worker Information

Name	Title	Department
Work Location	Telephone	E-mail Address

Radiation Safety Training History

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

Radiological Work Experience

Isotope / Quantity	Location / Institution	Date

<p>Authorized User</p> <p>Signature: _____ Date: _____</p>

↓ *Radiation Safety Use Only Below This Line* ↓

Permit Number: _____ Date Received: _____

RSO Recommendation		Approve Amendment
		Approve Amendment pending resolution of conditions noted below
		Do not approve due to conditions noted below

<p>Comments:</p> <p> </p>

<p>Radiation Safety Officer</p> <p>Signature: _____ Date: _____</p>
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