**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** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Authorized User****Signature: Date:**   |
| ***↓ 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 |
| **Comments:** |
| **Radiation Safety Officer** **Signature: Date:**   |