**RADIOACTIVE MATERIALS PERMIT AMENDMENT**

**USE/STORAGE LOCATION CHANGE**

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| --- | --- |
| **Name of Authorized User**  | **Permit (License) Number** |
|  |  |

**Request for Addition or Deletion of Location from Permit**

|  |  |  |  |
| --- | --- | --- | --- |
| **Building** | **Room Numbers** | **Location Description****(use, storage, LSC room, etc.)** | **Check Either Box Below** |
| **Add** | **Delete** |
|  |  |  |  |  |
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| --- | --- |
| **Provide new location phone number here (if applicable)** |  |

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| **Comments/Additional Information:** |

**Note:** Verification by a member of the Radiation Safety staff of an adequate, documented radiation/contamination survey is required prior to returning an area or component to unrestricted use.

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| **Authorized User****Signature: Date:**   |
| ***↓ Radiation Safety Use Only Below This Line ↓*** |

**Permit Number: Date Received:**

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| **RSO Recommendation** |  | Approve Amendment  |
|  | Approve Amendment pending resolution of conditions noted on attachment |
|  | Evaluation by Radiation Safety Committee |
|  | Do not approve due to conditions noted on attachment |
| **Radiation Safety Officer** **Signature: Date:**   |
| **Radiation Safety Committee Chairman Approval****Signature: Date:**   |