



RADIOACTIVE MATERIALS PERMIT AMENDMENT
USE/STORAGE LOCATION CHANGE

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

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.

Authorized User

Signature: _____ Date: _____

↓ *Radiation Safety Use Only Below This Line* ↓

Permit Number: _____ Date Received: _____

RSO Recommendation	<input type="checkbox"/>	Approve Amendment
	<input type="checkbox"/>	Approve Amendment pending resolution of conditions noted on attachment
	<input type="checkbox"/>	Evaluation by Radiation Safety Committee
	<input type="checkbox"/>	Do not approve due to conditions noted on attachment
Radiation Safety Officer		
Signature: _____ Date: _____		
Radiation Safety Committee Chairman Approval		
Signature: _____ Date: _____		