

**APPLICATION FOR RADIOACTIVE MATERIAL USE  
PERMIT HOLDER  
PERSONAL DATA FORM**

**INSTRUCTIONS:** The original form should be completed and submitted to the Radiation Safety Office.

DATE: \_\_\_\_\_

1. NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

2. DEPARTMENT/DIVISION: \_\_\_\_\_

3. BUILDING: \_\_\_\_\_ ROOM #: \_\_\_\_\_

4. Are you presently licensed to use radioactive materials at USA? Yes  No

5. Have you been licensed for use of radioactive materials at locations other than USA?  
Yes  No

6. List formal training received in Radiation Safety or Radionuclides Techniques. This should include: title of course, institution where course was taken, and dates attended. A letter, certificate, or transcript, verifying course completion should accompany this application. (Attach a separate sheet if necessary).

7. List experience obtained in working with radioactive materials other than those indicated in item 5. This should include: dates, location(s), chemical form(s), the amounts routinely used in single applications, and if used with animals or humans. (Attach a separate sheet if necessary).

8. I certify that I have read and understand the University of South Alabama Radiation Safety Procedures Manual. Every individual working with radioactive materials under my supervision will be required to read this manual and attend an orientation course. No one under the age of 18 will be permitted to work with radioactive material without approval from the Radiation Safety Officer.

\_\_\_\_\_  
Applicant's Signature

\*Medical Doctors requesting permission to use radiation on human subjects must furnish a current ALABAMA MEDICAL LICENSE # \_\_\_\_\_ issued \_\_\_\_\_  
(Date)

Received by Radiation Safety Officer on \_\_\_\_\_  
Date

Received by Radiation Safety Committee Chairman on \_\_\_\_\_  
Date

Approved on : \_\_\_\_\_  
Date