



# APPLICATION FOR RADIOACTIVE MATERIAL PERMIT

## 1. PROSPECTIVE USER INFORMATION

Name	Title	Department
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UGAID Number

### Emergency and afterhours contact information

Contact Priority	Name	Telephone / Pager Number	Telephone / Pager
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### 3. REQUESTED RADIOACTIVE MATERIAL TYPES AND QUANTITIES

Isotope	Maximum Quantity (mCi) to Possess at One Time	Chemical/Physical
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## 5. PROPOSED USES

Please provide here, or as an attachment, information detailing proposed uses anw 6. 6.5oM6217 TD .827-617nw 69i( Te)-



6. PROSPECTIVE USER TRAINING AND EXPERIENCE SUMMARY

Prospective User Radiation Safety Training History

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

Radiological Work Experience of Prospective User

Isotopes / Quantity Range	Location / Institution	Date

7.





10. WASTE HANDLING AND DISPOSAL

Sewer disposal planned? (yes/no)		Maximum Concentration	Requested Monthly Limit
Isotope	Solution (chemical/physical form)		
		0.05 $\mu\text{Ci/ml}$	$\mu\text{Ci}$
		0.05 $\mu\text{Ci/ml}$	$\mu\text{Ci}$
		0.05 $\mu\text{Ci/ml}$	$\mu\text{Ci}$



11. PROJECT SPECIFIC INFORMATION REGARDING METHODS TO MAINTAIN EXPOSURE TO AND RADIOACTIVE MATERIALS ALARA

Please provide here, or as attachment, project specific ALARA information in



## ACKNOWLEDGEMENT OF RESPONSIBILITY

If permitted to use radioactive materials at the University of Georgia, I acknowledge my acceptance of the following responsibilities:

- x        Radioactive materials