



Nuclear Substance Permit Application Form

Applicant Information	
Last Name:	
First Name:	
NSID:	
Department:	
Office Telephone Number:	
Lab Telephone Number:	
Email Address:	
Information that is to Accompany the Permit Application	
List of nuclear substances and/or radiation devices and maximum amount of radioactivity required.	
Research experiment standard operating procedure(s). Include waste handling and safety precautions.	
List of locations where the nuclear substances and/or radiation devices will be used and stored.	
List of equipment available for monitoring contamination and/or exposure.	
A list of individuals (authorized radiation workers) who will be working under the permit.	
<p>The information provided in this application and supporting documentation is complete and accurate to the best of my knowledge.</p> <p>Signature of Applicant: _____</p> <p>Date: _____</p> <p>Signature of Department/Unit Head: _____</p> <p>Date: _____</p>	
<p>The new nuclear substance permit application has been received with required supporting information.</p> <p>Signature of Radiation Safety Officer: _____</p> <p>Date: _____</p>	