



**RADIOACTIVE MATERIALS PERMIT AMENDMENT**  
**ADVANCED RADIATION WORKER CHANGE**

Name of Authorized User	Permit (License) Number

**New Advanced Radiation Worker Information**

Name	Title	Department
Work Location	Telephone Number	E-mail Address

**Radiation Safety Training History**

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

**Radiological Work Experience**

Isotope / Quantity	Location / Institution	Date

<p><b>Authorized User</b></p> <p>Signature: _____ Date: _____</p>
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↓ *Radiation Safety Use Only Below This Line* ↓

Permit Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

<b>RSO Recommendation</b>	<input type="checkbox"/>	Approve Amendment
	<input type="checkbox"/>	Approve Amendment pending resolution of conditions noted below
	<input type="checkbox"/>	Do not approve due to conditions noted below

<p><b>Comments:</b></p>   
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<p><b>Radiation Safety Officer</b></p> <p>Signature: _____ Date: _____</p>
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