

RADIOACTIVE MATERIAL LICENSE RENEWAL FORM

Name: _____ **Date:** _____

Title: _____ **License #:** _____

Department: _____ **Extension:** _____

Campus Mailing Address: _____

Email Address: _____

Please list any changes in personnel utilizing radioisotopes under your supervision:

Please list any radionuclides (as shown in Items 6, 7, and 8 in your license document) that you no longer wish to be licensed for:

6.	7.	8.
6.	7.	8.
6.	7.	8.
6.	7.	8.
6.	7.	8.

Do you wish to decrease or increase the possession limits of any radioisotope authorized by your license? If so, please list the desired limits to be show in Items 8.

8.
8.
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8.

If you wish to have additional radioisotopes added to your license, please indicate the radioisotopes to be added in Lines 6, 7, and 8.

6.	7.	8.
6.	7.	8.
6.	7.	8.
6.	7.	8.
6.	7.	8.

Please list any other information that you feel is pertinent to the renewal of your UAB radioisotope license.

Please note that changes may occur in your license document, due to additional restrictions, or lessened requirements, reflecting the information supplied on this renewal form.

Licensee's Signature