

UAB RADIOACTIVE MATERIAL LICENSE AMENDMENT REQUEST

(Please submit this form, when completed, to the Radiation Safety Division, Occupational Health and Safety Department. Keep a copy for your records.)

1. DATE: _____ 2. LICENSEE: _____

3. LICENSE NUMBER: _____ 4. DEPARTMENT: _____

5. UAB TELEPHONE NUMBER: _____

6. CAMPUS MAILING ADDRESS: _____
(room) (building) (campus zip code)

7. EXPIRATION DATE OF LICENSE BEING AMENDED: _____

8. AMENDMENT REQUEST: * _____

9. PURPOSE OF AMENDMENT: _____

* When requesting the addition of radioisotopes to the license, or when requesting a different use for radioisotopes already covered by the license, a protocol for their use must be submitted with the amendment request. Requests for the addition of rooms must include a diagram of each room to be added.

Signature of Licensee Date