



**V. Sealed Source Information**

**(a) Sealed radioactive source(s) to be used. Include all information listed below.**

	Sealed Source #1	Sealed Source #2	Sealed Source #3
Manufacturer			
Equipment Model #			
Equipment Serial #			
Sealed Source Mdl. #			
Sealed Source Serial #			
Isotope			
Amount			
Form			
Location of Use			

**(b) Briefly describe the proposed use of the sealed radioactive source(s).**

**(c) Describe training and instructions that the actual users of the sealed radioactive source(s) will be given.**

**VI. Unsealed Source Information**

**(a) Radioisotopes to be used: Include maximum amounts of each you wish to possess.**

<b>Isotope</b>	<b>Maximum Amount</b>	<b>Physical Form</b>	<b>Location of Use</b>

**VII. Radiation Producing Machine**

	<b>Machine #1</b>	<b>Machine #2</b>	<b>Machine #3</b>
<b>Manufacturer</b>			
<b>Model #</b>			
<b>Serial #</b>			
<b>Machine Type</b>			
<b>Number of Tubes</b>			
<b>Maximum kvp</b>			
<b>Maximum MA</b>			
<b>Fixed or Portable</b>			
<b>Use</b>			
<b>Location of Use</b>			

### **VIII. Authorized Representative**

As a Sublicensee, I may apply for amendment to my sublicense for approval of an *Authorized Representative*. I understand the role of a Authorized Representative is to act on the behalf of the Sublicensee. The signing of forms, performing contamination surveys, submitting monthly Radioactive Materials inventories, attending Radiation Safety meetings or any duties normally performed by the Sublicensee may be delegated to the Authorized Representative. However, actions taken by the Authorized Representative do not alleviate sublicensee responsibilities. As sublicensee I am responsible for compliance with Radiation Safety guidelines and regulations.

#### **Proposed Authorized Representative**

Full Name	CWID#
Mailing Address	Job Title
Department/Telephone	Supervisor

#### **Education/Experience/Training**

Describe the education, experience and training of the proposed Authorized Representative in relation to your type of sublicense.

#### **Extent of Responsibilities**

Describe the circumstances under which you need the services of an Authorized Representative. For example, are you frequently away from campus or unavailable.

I understand that approval of this application limits my use of radioactive materials to the radiation producing machines specified. I also understand that I am required to notify EHS-Radiation Safety of any changes to the above information. I have read and I will abide by the **University of Alabama Environmental Health and Safety-Radiation Safety Manual**.

Signature of Sublicensee Applicant

Date

This application is accepted for consideration and is subject to approval by the RSO and the RCAC.

Decision for (Circle one): Approval Rejection      Sublicensee #

Signature of RSO \_\_\_\_\_      Date \_\_\_\_\_