

**Application to Amend Current Possession Limit
for Radioactive Materials Used in Research**

Name: _____ Degree: _____ Title: _____
 First MI Last MD, Ph.D., etc. Asst. Professor, Chairperson, etc.

Department: _____ Location of Use: Building _____ Rm. No. _____

Office Phone: _____ Laboratory Phone: _____

I wish to amend my current possession limit for radionuclide _____ Chemical Form _____
from _____ mCi to _____ mCi.

In the space below, give the reason (s) for change in possession limit (use extra sheet if needed):

Signature: _____ Date: _____

EHS USE ONLY

EHS has reviewed the application and agreed to the revision in possession limit in radioactive material indicated above
from _____ mCi to _____ mCi.

Note: Copies of current approval, notes, Q&A discussion and, if any, condition(s) attached.

Authorization No.: _____ Expiration Date: _____

Reviewed By: _____ EHRs Staff Date: _____

Approved By: _____ Radiation Safety Officer Date: _____