

**ATRF**  
**X-ray Program User Application Form**  
*(Do Not Hand Write This Form)*

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**TO: RADIATION SAFETY OFFICE**

**DATE:** \_\_\_\_\_

**RADIATION PROGRAM NUMBER:** \_\_\_\_\_

Please amend the following applicant to use the X-ray Producing Machine(s) under the Radiation Program listed above.

New Applicant: \_\_\_\_\_  
*(First) (Middle) (Last) (Employee No.)*

Birth Date: \_\_\_\_\_ Present Position (Title): \_\_\_\_\_

Location (Building/Room): \_\_\_\_\_

Employer: Government \_\_\_\_\_ Contractor \_\_\_\_\_ Other \_\_\_\_\_

Have you ever worked with radioactive materials before? (Either here at the ATRF or another facility): \_\_\_\_\_ YES \_\_\_\_\_ NO

I will abide by the operations and emergency procedures for the x-ray producing machine(s).

\_\_\_\_\_  
*(Applicant's Signature)*

\_\_\_\_\_  
*(Date)*

This person has received training on the operations and emergency procedures for the x-ray producing machine(s).

\_\_\_\_\_  
*(Principal Investigator's Signature)*

\_\_\_\_\_  
*(Date)*

**\*PROOF OF TRAINING COMPLETION (COPY OF SIGNATURE SHEET) MUST BE PROVIDED WITH THIS FORM.**

