

Texas Tech University Health Sciences Center

Radioactive Material Sublicense Amendment/Renewal Request

Please type or print clearly (Use additional sheets as necessary)

Sublicensee:		_ Depa	artment:		Office Phone:	
					ges, check item 1, obtain required Radiation Safety Services.	
					nent/renewal, complete applicable the current sublicense to Radiation	
3. Specify changes to	Radiation La	aboratories	and/or Radiation St	orage Rooms belo	ow.	
	Radiation Laboratories				Radiation Storage Rooms	
Add:						
Delete:						
Note: If adding a new Radiradiation use and/or radioa			n Storage Room, please inc	lclude a map of the app	plicable areas and identify proposed	
4. Specify changes in	isotopes, act					
Change Desired	Isotope	Current Activity (mCi)	Activity Change (+ or -) Requested (mCi)	Proposed New Activity (mCi)	Proposed Use	
Change Desireu	Isotope	(IIICI)	Requesteu (mei)	Activity (IIICI)	Troposed ese	
☐ Addition ☐ Deletion ☐ Activity Increase ☐ Activity Decrease						
5. Specify chang	es to Radiat	ion Worker	Lincluding docume	tation of experie	nce and training for each.	
Radiation Worker Names			Experience and Training			
Add:						
Delete:						
Note: When adding Rassafety training must be sub-				l Dosimetry Service" (Form A-8), and verification of radiation	
Sublicensee Signature:					Date:	
Department Chair Signature:				Date:		
Department Chair Typed Or Printed Name:						

Texas State Government Privacy Policies (Government Code):

1) With few exceptions, you are entitled on request to be informed about the information the state governmental body collects about you; 2) Under Section 552.021 and 552.023, you are entitled to receive and review the information; and 3) Under Section 552.004, you are entitled to have the state governmental body correct information about you that is incorrect.