

**RAS FORM 2**

**APPLICATION FOR RADIATION DOSIMETRY SERVICES**

1. Full name of applicant:

Volunteer/Visitor:

UNCC Student:

Faculty/Staff:

1. UNCC Affiliation (please check one):
2. University e-mail:
3. University ID number:
4. Date of birth:
5. Gender:
6. Department:
7. Authorized User:
8. Isotopes / Equipment used:
9. Location and description of use:

/Ring Size(S/M/L)

No

Yes

1. TLD Ring? (see section 2.5 B of the [*Handbook for Radiation Safety*](https://safety.uncc.edu/services/laboratory-research-safety/radiation-safety))

12. List coverage by all dosimetry services at locations other than UNC Charlotte:

Signatures:

The Applicant and Authorized User certify that all information contained herein is true and correct to the best of his or her knowledge.

Date:

Authorized User: Print:

Signature:

Signature:

Date:

Applicant: Print:

Radiation Safety Officer authorizes Applicant to utilize radioactive materials and certifies review of this RAS-2 Application:

Date:

Radiation Safety Officer: