

**Frederick National Laboratory for Cancer Research (FNLCR)**  
**X-ray Program Users 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 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  SAIC-F  Other

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

I will abide by the operations and emergency procedures for this equipment.

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

This person has received training on the operations and emergency procedures for this equipment.

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

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

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

**Social Security Number:** \_\_\_\_\_

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

*(This page will be destroyed upon completion of the approval process.)*