



**Privacy Act
Notification**

The information requested on this form is required under Sections 81 and 161b of the Atomic Energy Act of 1954, as amended. The social security number is used for information and data retrieval purposes. The birth date and social security number may be required for personnel monitoring equipment issued pursuant to Title 10 CFR, Part 20 and Departmental policy. The remaining information is requested by the USDA's Radiation Safety Committee to evaluate an individual's qualifications incident to the approval to obtain and use radioactive materials or x-ray producing equipment. Information may be disclosed to appropriate investigative agencies in the event of a radiation accident. Furnishing this information is voluntary. However, if withheld, Committee approval to procure and use radioactive material, radiation emitting sources or x-ray producing equipment may be denied.

**General
Information**

A Radiation Worker Information form must be completed by each individual who is planning to possess or use radioactive materials or operate x-ray producing equipment.

**Name of
Permit Holder**

NOTE: In the space below, record the name of the person who has been issued or who has applied for the Radiation Source Use Permit and for whom the individual named below will work.

Date of Request

Name (First, MI, Last):	Use Permit No:	Date:
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Individual Information

Name:	
Date of Birth:	Social Security No (Passport No.):
Work Unit/Laboratory:	
Work Telephone No:	Work Fax No:
Work E-mail Address:	

**Formal
Education**

Indicate the highest educational level attained by checking the appropriate box.

<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Some College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate School	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> Medical Degree
Indicate your major field(s) of study:						

Name of Permit Holder

Name:	Use Permit No:	Date:
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Other Education

In the space below, describe the most recent or most appropriate class, course, or on-the-job training you have received relevant to radioactive materials use, radiation emitting equipment use, or radiation safety practices. Include the sponsor, location, class dates, and the duration. Attach or include a copy of any training certificate, if available.

Training and Experience

In the spaces below, indicate the degree of training and experience you have in each area listed. Include an estimate of the number of classroom hours of formal training.

Principles of Radiation Protection
Radiation Measurement Techniques
Mathematical Applications of Radiation and Radioactivity
Biological Effects of Radiation

Signature of Named Individual

Signature:

Certification by Permit Holder

By signing below, the Permit Holder (or applicant) formally requests that the individual named above be added to their Use Permit as an Associate User.

Signature:

Transmit the completed form to the USDA Radiation Safety Staff using one of the following methods:

Mail to:
 USDA Radiation Safety Staff
 5601 Sunnyside Avenue
 Room 2-L206, MS-5510
 Beltsville, MD 20705-5510

E-mail to:
 RSSPO@rss.usda.gov

Fax to:
 301.504.2450