



**RAS FORM 2**

**APPLICATION FOR RADIATION DOSIMETRY SERVICES**

1. Full name of applicant: \_\_\_\_\_
2. UNCC Affiliation (please check one): Faculty/Staff: \_\_\_\_\_ UNCC Student: \_\_\_\_\_ Volunteer/Visitor: \_\_\_\_\_
3. University e-mail: \_\_\_\_\_
4. University ID number: \_\_\_\_\_
5. Date of birth: \_\_\_\_\_
6. Gender: \_\_\_\_\_
7. Department: \_\_\_\_\_
8. Authorized User: \_\_\_\_\_
9. Isotopes / Equipment used: \_\_\_\_\_
10. Location and description of use: \_\_\_\_\_  
\_\_\_\_\_
11. TLD Ring? (see section 2.5 B of the [Handbook for Radiation Safety](#)) Yes \_\_\_\_\_ No \_\_\_\_\_ /Ring Size(S/M/L) \_\_\_\_\_
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.

\_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized User: Print: \_\_\_\_\_ Signature: \_\_\_\_\_ \_\_\_\_\_

Applicant: Print:  
and certifies review of this RAS-2 Application:

Radiation Safety Officer authorizes Applicant to utilize radioactive materials

Date:

Radiation Safety Officer: \_\_\_\_\_

Date: \_\_\_\_\_