



RAS FORM 2

APPLICATION FOR FILM BADGE OR TLD RING SERVICE

1. Full name of applicant: _____
2. University ID number: _____
3. Date of birth: _____
4. Gender: _____
5. Department: _____
6. Authorized User: _____
7. Isotopes used: _____
8. Location and description of use: _____

9. TLD Ring? (see section 2.5 B of the *Handbook for Radiation Safety*) yes ___ no ___
10. List coverage by all film badge services at locations other than UNC Charlotte: _____

The applicant certifies that all information contained herein is true and correct to the best of his or her knowledge.

Signatures:

Date: _____ Applicant: _____

Date: _____ Authorized User: _____

Date: _____ Radiation Safety Officer: _____