

Attachment # 3

**RADIOACTIVE MATERIALS AUTHORIZATION TO USE
AMENDMENT REQUEST FORM**

Date of Request:	
Licensee:	
Email Address:	
Work Telephone No.	
NJIT Mailing Address:	
Chemical & Physical Form:	
Are you adding a radionuclide or changing activity limits?	[Yes <input type="checkbox"/>] [No <input type="checkbox"/>]
Are you adding or deleting a room?	[Yes <input type="checkbox"/>] [No <input type="checkbox"/>]
Room Additions : 1. Building _____ Room _____ 2. Building _____ Room _____ 3. Building _____ Room _____	* Room Deletions : 1. Building _____ Room _____ 2. Building _____ Room _____ 3. Building _____ Room _____

Radionuclide	Current Possession Limit (mCi)	Current Annual Limit (mCi)	Requested Possession Limit (mCi)	Requested Annual limit (mCi)

INACTIVATING LICENSE: Check to inactivate
 TERMINATING LICENSE: Check to terminate

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