

**UNIVERSITY OF MIAMI
RADIATION CONTROL CENTER
PRINCIPAL INVESTIGATOR
LICENSE RENEWAL APPLICATION**

NAME: _____ TITLE: _____
DEPARTMENT: _____ PHONE: _____
BUILDING: _____ ROOMS: _____

1. Please list the currently authorized isotopes and activities which you are applying to renew.

2. Please list all individuals currently using isotopes under your authorization and indicate the training status of each one

3. Please note that the renewal process is limited to existing isotopes and protocols. If you require any additional isotopes or protocols you must attach completed RC-2 Forms for each isotope or protocol. Are you applying for additional authorizations?

Yes _____ No _____

4. Please identify the individual within your lab who is currently responsible for isotope usage and compliance issues. **Please note that changes in this individual require notification of the Radiation Control Center.**

5. Should this individual be the primary contact or be contacted in your absence or unavailability?

Primary _____ Secondary _____

6. Do you anticipate any changes in the level of utilization of isotopes under your authorization in the next 12 months?

No Change _____ Increase _____ Decrease _____

7. A copy of your compliance history over the last five years will be provided to the Radiation Control Committee for review as part of the renewal process. You may attach a statement regarding compliance issues for their consideration.

No Comment _____ Statement Attached _____

Signature: _____ Date: _____
Department Chair Signature: _____ Date: _____