X-Ray Permit Renewal Form

Principal Investigator: ___________________________ Department: ___________________________

Permit #: ___________________________ Expiry Date: ___________________________

____________________________________________________________________________________

Approval is requested for the renewal of the permit above (check one):

☐ Under the same conditions specified on the original X-Ray Registration Form

☐ With changes as requested on the attached X-Ray Permit Amendment Form

Changes may include different personnel, supervisor, or location.

Signature: ___________________________ (PI) Date: ___________________________

Approved by: ______________________ (RSM) Date: ___________________________