

Environmental, Health and Safety

New Mexico State University

MSC 3578, Box 30001

Las Cruces, NM 88003-8001

**URSC RADIATION, X-RAY OR NUCLEAR GAUGE PERMIT**

**AUTHORIZED WORKER CHANGE FORM**

|  |
| --- |
| **Instructions: Complete all sections of the form and return the completed form to the Radiation Safety Manager at** **dschoep@nmsu.edu** **or send a hard-copy of the form through campus mail to EH&S / Attn: Rad. Safety at MSC 3578. Attach additional sheets as needed.** |

|  |  |
| --- | --- |
| Authorized User Name (Permit Holder): | Click here to enter text. |
| URSC Permit Number:  | Click here to enter text. |
| Submission Date:  | Click here to enter a date. |

Authorized Worker Information (use additional forms if needed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | NMSUID Number | Email Address | Department | Title | Add | Drop |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |[ ] [ ]
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |[ ] [ ]
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |[ ] [ ]
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |[ ] [ ]

EHS Use Only

|  |
| --- |
| URSC Permit Updated By (Name):  |
| Date:  |