

REQUEST FOR RADIATION EXPOSURE HISTORY AND/OR VERIFICATION OF TRAINING &
EXPERIENCE WITH RADIOACTIVE MATERIALS

Organization: _____

Previous Institution or Employer where Exposure or Training/Experience was Received

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Attention: _____

Radiation Safety Officer/Principal Investigator/Supervisor (Indicate Title)

To Whom It May Concern: Please forward the following information in regard to the undersigned to the
address indicated below. Place a check in appropriate space.

_____ Radiation Exposure History

_____ Verification that the undersigned has received Radiation Safety Training appropriate for
independent work with radioactive materials.

Information Requested Regarding:

Last Name _____ First Name _____ M.I. _____

Maiden or Other Last Names Known By _____

Social Security Number _____ Other Pertinent I.D.# _____

Please Send Request Information To: RSO; Office of Safety & Environmental Programs VIMS

P.O. Box 1346

Gloucester Point, VA 23062

Telephone: (804) 684-7152; Fax (804) 684-7142

Signature _____ Date _____

Signature of Requester