

Istituto Nazionale di Fisica Nucleare - Laboratori Nazionali del Gran Sasso
REQUEST FOR ACCESS AUTHORIZATION

To be completed by the applicant:

SURNAME and NAME SEX M F

DATE and PLACE OF BIRTH.....

HOME ADDRESS

Street

City

Telephone

Temporary address during the stay at LNGS

Street

City

Telephone

Educational Qualifications

Citizenship Fiscal Code

Employee by INFN branch of

Employee by other organization

University employeeDepartment of

University undergraduated

Postgraduated/doctorate student University of

Other, please specify

Associated with INFN branch of

(please, specify if your position is INFN fellowship or FAI/TARI/MAE etc. funds Guest)

e-mail:

I undertake:

- to comply with the rules in force on the matter of safety against work accidents and to respect all further LNGS provisions that will be given. As to emergency procedures, I undertake to read and follow what is stated in the respective documents which I will be given at the LNGS.
- to give an immediate notification of any changes in my current position submitting the up-dated and relevant documentation, the lack of which will immediately revoke my access permission.

According to art. 13 of the law decree 30 th June 2003 no. 196, at the LNGS-INFN personal data will be exclusively handled for access authorization purposes. People concerned may assert their claims according to art. 7 of the same law decree n. 196/03. The Director of LNGS has been designated as person responsible for data handling.

Date

Signature

To be completed by the Person in charge of the activity at LNGS

REQUEST PERIOD FROM TO

(please, note that the requested period has to be the same stated in the "request for permission" form)

He/she deals with ionizing radiation sources at LNGS: YES NO

..... at LNGS
Division/Group/Experiment Tasks Supervisor (full name in capitals)

Date

Signature

Authorized by the Director of LNGS from **to**

Date **Signature**