

**FACSIMILE of the REQUEST FOR PERMISSION
to be written on the official paper of the University or Organization**

Date,

*To the Director of
Laboratori Nazionali del Gran Sasso
S.S. 17 bis Km. 18,910
67010 - ASSERGI (AQ), Italy
Fax +39 0862 437 556*

Please allow permission for..... as
..... (1) to attend Laboratori Nazionali del Gran Sasso for the
period from..... to..... care of:

Experiment

As provided for by the Italian law in force on work health and safety, we declare that the worker is fit for carrying out the activity, for which the access to the LNGS is requested, and that he has been given the necessary information and formation.

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

(if the answer is "YES", the applicant must contact LNGS Prevention and Protection Service immediately for the proper authorization: Mr. Antonio Giampaoli <http://www.lngs.infn.it/site/spp/index.html> tel.: +39-0862-437239/fax +39-0862-437556 e-mail: giampaoli@lngs.infn.it . In the meantime, therefore, the applicant is not allowed to carry out any activity which implies radiation risks at LNGS)

He/she is insured for accident and radiation risks YES [] NO []

For further information please contact telephone
n. fax n.
e-mailaddress
.....

(Stamp and signature of the Director)

- (1) Employee of other organization
Employee of a University
Undergraduate
Postgraduate / research student
Other, please specify