

Applicant Information

Date of completion _____

Last Name:		First Name:	
Student/Employee #:		Department:	
Email:		Phone:	
Status:		Date of Expiry:	

Environmental

<input type="checkbox"/> 002 Flume	<input type="checkbox"/> 031 Microscope	<input type="checkbox"/> 032 AFM Lab	<input type="checkbox"/> 161 Enviro Master
<input type="checkbox"/> L2 Undergrad	<input type="checkbox"/> 306A Genesis lab	<input type="checkbox"/> 308 Dry Lab	<input type="checkbox"/> 312 Dry Lab
<input type="checkbox"/> 313 Sterilization	<input type="checkbox"/> 314 Dry Lab	<input type="checkbox"/> 316 Dry Lab	<input type="checkbox"/> 322 Dry Lab
<input type="checkbox"/> 324 Dry Lab	<input type="checkbox"/> L4 Labs		

Chemistry

<input type="checkbox"/> L1 Undergrad	<input type="checkbox"/> L2 Undergrad	<input type="checkbox"/> 306 Wet Lab	<input type="checkbox"/> 320 Dry Lab
<input type="checkbox"/> L5 Labs	<input type="checkbox"/> EV508		

Levels (require fob access afterhours - includes elevator and stairs)

<input type="checkbox"/> Exterior doors	<input type="checkbox"/> Level 1-5	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3
<input type="checkbox"/> Level 4	<input type="checkbox"/> Level 5	<input type="checkbox"/> Basement	<input type="checkbox"/> Tunnel

Other

Ralph Campbell Lounge (Staff Only)

Authorized Signature

Supervisor name _____

Print Name:		Date	
Signature:			
CC:		CFC:	
Fund:		IO:	

TRACES Labs

<input type="checkbox"/> EV215	<input type="checkbox"/> EV216	<input type="checkbox"/> EV226
--------------------------------	--------------------------------	--------------------------------

TRACES Levels

<input type="checkbox"/> Level 1: Post Doc Fellow/Faculty	<input type="checkbox"/> Level 2: Grad Student/Staff
<input type="checkbox"/> Level 3: Undergrad Student	<input type="checkbox"/> Level 4: External

TRACES Instrument Access

<input type="checkbox"/> EA/CHN	<input type="checkbox"/> FAAS/GF-AAS	<input type="checkbox"/> GC/GC-MS	<input type="checkbox"/> LC/LC-MS
<input type="checkbox"/> MS/MALDI	<input type="checkbox"/> NMR	<input type="checkbox"/> TOC	<input type="checkbox"/> UV-Vis/VCD/Fluor

TRACES Authorized Signature by Tony Adamo or Ronald Soong(NMR)only

Print Name:		Date	
Signature:			
CC:		CFC:	
Fund:		IO:	

Acknowledge receipt

Card/Fob#	_____	Date	_____
Print Name	_____	Signature	_____