

# Idaho Accelerator Center Beam Time Request Form

Contact Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date Submitted \_\_\_\_\_

## Accelerator Desired (*circle*)

25 MeV

44 MeV

ISIS

HRRL

## Funding

## Dates Requested

## Alternate Dates (recommended)

## Comments

***IAC Use Only***

*Date Reviewed:* \_\_\_\_\_

- Declined  
 Approved for the following dates: \_\_\_\_\_

***Upon Completion fax to (208) 282-5878***

