

Proprietary Research Beam Time Request: General User Program
NATIONAL SYNCHROTRON LIGHT SOURCE
Brookhaven National Laboratory

Your institution must have a Proprietary User's Agreement and a Proprietary Research Proposal in place. Contact User Administration at 631-344-4703 with questions. Submit one copy before the General User Proposal Deadline to: NSLS User Administration Office, Brookhaven National Laboratory, Bldg 725B, Upton, NY 11973 or FAX 631-344-7206

1. EXISTING PROPRIETARY RESEARCH PROPOSAL NUMBER:

2. NAME OF INSTITUTION PERFORMING RESEARCH:

3. NAME OF PROPOSER:

4. TITLE of EXPERIMENT/PROGRAM:

5. BEAM TIME IS REQUESTED FOR THE FOLLOWING PERIOD (check only ONE):

- January 1 through April 30 (submission deadline is September 30)
 May 1 through August 31 (submission deadline is January 31)
 September 1 through December 31 (submission deadline is May 31)

6. BEAMLINER CHOICES FOR THIS CYCLE

#1 Choice _____ Contact _____

__#2 Choice _____ Contact _____

___#3 Choice _____ Contact _____

____#4 Choice _____ Contact _____

7. BEAM TIME REQUIREMENTS (24-hr days)

Desired # Days requested THIS CYCLE

Minimum # Days Needed This number should be the cutoff point below which proposed experiment(s) cannot be done effectively.

Unacceptable dates:

8. a. Mode of Operation: (A) 9 (Not a Collaboration with Beamline Personnel)

(B) 9 (Collaboration: **Must** have Contacted Beamline Personnel)

b. Is it acceptable to disclose scientific content of this proposal to the beamline staff prior to experimental approval? Yes 9 No 9

9. Experiment Requirements (For PX experiments, this should be a summary for all projects listed on PX Forms).

Wavelength/Energy Range: _____ Spot size on sample: _____

Resolution: Energy _____ or q _____ Other: _____

Experimental Station: Providing own apparatus? Yes No .

If yes, you must discuss the feasibility with beamline personnel and/or describe below.

Describe Equipment being brought to NSLS for Experiment

Describe **Special** Beamline Equipment needed for Experiment. If requesting an Insertion Device beamline, what aspect of ID is necessary?

10. Safety / Material / Vacuum

c Are there any hazardous materials/experimental equipment? Yes No (If Yes, **Describe**)

SAFETY APPROVAL INSTRUCTIONS: Safety Approval Form is now submitted electronically via the web (address - <http://www/nsls.bnl.gov/Safety/safhome.htm>). NSLS Safety Staff can be reached at 631-344-5431 or ackerman@bnl.gov.

I certify that everything in this proposal is accurate and that my research team will abide by the NSLS policies and regulations.

Proposer's Signature _____ Date _____

