

# Proprietary Research Proposal Form

**NATIONAL SYNCHROTRON LIGHT SOURCE**  
**Brookhaven National Laboratory**

Proposal #  
(to be completed by the NSLS)

Your institution must have a Proprietary User's Agreement in place. Contact User Administration at 631-344-4703 with questions. Proprietary proposals can be submitted at any time, but all expire on August 15<sup>th</sup>. Submit one copy to: NSLS User Administration Office, Brookhaven National Laboratory, Bldg 725B, Upton, NY 11973 or FAX 631-344-7206

**1. NAME OF INSTITUTION PERFORMING RESEARCH:**

**2. TITLE of EXPERIMENT/PROGRAM:**

3. Estimate the total # of days, between now and August 15<sup>th</sup>, required to complete this program:

**4. PROPOSER:** (person to whom correspondence will be addressed)

Citizenship\*:

Address:

Phone:

Fax:

E-mail:

Principal Investigator:

Institution:

\*All **Non-US** Citizens are required to furnish a valid Passport upon arrival.

Co-Proposers	Institution (If Different from above)	E-mail and Phone #

**5. METHOD of BEAM TIME ACCESS:** Complete either Part A or Part B below.

A  I am a member or invited user of the \_\_\_\_\_ beamline PRT and will use this beamline. I have contacted the beamline staff about my proposal and will schedule my beam time directly with them.

B:  I will be requesting beam time through the General User Proposal System. I will submit a Proprietary Beam Time Request Form by the deadline for each cycle in which I desire beam time.

I am NOT a PRT member on any NSLS beamline.

I AM a PRT member of the \_\_\_\_\_ beamline but will not be using this beamline for my experiment because (explain):

**6. DESCRIPTION OF RESEARCH:** Provide a functional, non-proprietary description of the experiment(s) to be performed. Minimum length requirement is the space below - make additional attachments as needed.

I certify that everything in this proposal is accurate and that my research team will abide by the NSLS policies and regulations. When this proposal expires, I will provide the NSLS with a brief non-proprietary report of my work:

**Proposer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**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.

(To be completed by the NSLS.) This research is deemed to be of interest to the DOE and falls within the scope of the BES mission. NSLS Chairman Approval: \_\_\_\_\_ Date: \_\_\_\_\_