

**Local / UNIX Id. Application Form**

Please complete in  
BLOCK CAPITALS

**FOR OFFICE USE ONLY – please do not write in this section**

Identifier	UID	Group name	Date registered
	GID		Reference number

**Name**

Title	Initials
Surname/last name	

**Work place**

Address or DL room no.
Telephone/Ext.
Email address

**Daresbury Laboratory affiliation**

If you are working on an SRS Beam-Time Application (you <b>must be named on this application</b> ), please state the Application number and the name of the Principal Investigator
If you are not working on an SRS Beam-Time Application and you are not Daresbury staff, please state affiliation and the name of your Daresbury contact
If you are at Daresbury now, where may we contact you?

**Which computer(s) do you need to use?**

**DECLARATION**

I agree to abide by the conditions defined in the Daresbury Laboratory Computer Users Code of Conduct and the JANET Acceptable Use Policy. A copy of both documents is available via the URL <http://www.dl.ac.uk/Computing/coc/main.html> and the Daresbury Computer Helpdesk.  
 I agree to abide by all licence agreements regarding the use and copying of certain software on Daresbury Laboratory Computers.  
 I agree that my name, address and telephone number may be stored on a computer at Daresbury Laboratory.

Signed	Date
--------	------

**VALIDATION**

This application must be countersigned by your Line Manager/Supervisor, SR Station Manager or CCP secretary

**I confirm this applicant requires access to the computers requested**

Signed	Date
Name (in caps.)	Position