**User Certification Form — Electron Microscopy Facilities**

<table>
<thead>
<tr>
<th>Name (Last, First):</th>
<th>Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department and Address:</td>
<td>Phone/E-mail:</td>
</tr>
</tbody>
</table>

**Supervisor (for Post Doc and Students):**

<table>
<thead>
<tr>
<th>Account and Expiration Date:</th>
<th>Research Period (start/end dates):</th>
</tr>
</thead>
</table>

**TEM Experience**  
(Indicate facilities and extent of use/skill):

- Conventional TEM
- HRTEM
- EELS
- Z-contrast
- EDS
- Other

**SEM/FIB Experience**  
(Indicate facilities and extent of use/skill):

- SEM imaging
- Ion imaging
- Tomography
- TEM lift-out

**Passed JIAM TEM Laboratory Test?**  
(Date, No, or N/A)

**Passed JIAM SEM/FIB Laboratory Test**  
(Date, No, or N/A)

**EM facilities to be used:**

**Have you read and understood the Facility Rules and Regulations?:**

**Project goal and samples to be examined:**

**Do you need training or advice in using the EM facilities? Explain if “Yes.”**

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Level Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEM Zeiss Libra 200 MC</td>
<td>TEM:</td>
</tr>
<tr>
<td>SEM/FIB Zeiss Auriga</td>
<td>SEM/FIB:</td>
</tr>
</tbody>
</table>

**User Signature:**  
(Date:)

*I give permission to this person to use the TEM facilities, and I approve using the above-cited account for payment of any fees incurred by this user during the above research period.*

<table>
<thead>
<tr>
<th>Supervisor Approval:</th>
<th>Date:</th>
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