Example

Radiation Worker Application Form (For External User)

Submission Date: 20 **15** / **05** / **01**
　　　　　　　　　(Year)　(Month)　(Day)

To: Director General of Institute for Molecular S

I hereby apply to be registered as a radiation worker

Contracted name of your organization.
(maximum of 6 alphanumeric characters)

Full Name	Last name. **Kirk** First name. **James** (middle initial) **T**		Sex	☑Male ☐Fem
Date of Birth	Year Y **1985** /M Month **07** /D Day **31**		E-mail	kirk@oust.jp
Affiliation	Name of Organization **Okazaki University of Science and Technology**		Contracted Name (Up to 6 char **OUST**	
	Division/Section **Faculty of Science**		Title or Current year PhD/MS/BS **Associate Professor**	
Work Place	Synchrotron radiation, Accelerator ☑UVSOR facility (Include the use of STXM, XMCD)	X-ray generator ☐Instrument Center		
Name of collaborative researcher	Please fill in IMS researcher name collaborating. **Taro BUNSHI**			
Work Period	The work (scheduled) starting date From Y20 **15** /M **06** /D **11**	Do not exceed the next fiscal year* To Y20 **16** /M **03** /D **31**		
Health Check	☑Normal ☐Not Normal (Attach the copy of health check results) The person use only X-ray generators is possible in the blank.			
Dose amount of radiation exposure	The result of the fiscal year. ☑Less than 1 ☐More than 1mSv [mSv] (Attach the copy of health check results)			

Should be a staff scientist in IMS.

Please fill in most recent March 31.

Please fill in experiment starting date.

* Japan's fiscal year run from April 1 till M

Certif zation

I hereby certify that the above-named person is subject to radiation safety and control and is authorized to work in radiation-controlled areas at IMS.

Name of Organization/Company: **Okazaki University of Science and Technology**

Title of the representative for the organization above: **Sclencs Director**

Name of the representative for the organization above: **Masahiro SAKAI**

Signature　*M.Sakai*

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(Fill in the following IMS.)

認定欄	放射線取扱主任者	放射線管理責任者