

## Certification Form

(Each individual person participating in the experiment is requested to be certified as a radiation worker and should submit a certification form.)

Director General of Research Institute for Synchrotron Radiation Science (HiSOR)

I certify that

Name \_\_\_\_\_  
(family) (first) (middle)

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

The above person is a radiation worker at

\_\_\_\_\_  
(affiliation in home country)

and is allowed to execute radiation works at HiSOR during the period from

\_\_\_\_\_ to March 31, 2025 (End of the fiscal year 2024)  
(date) (year) (date) (year)

Signature \_\_\_\_\_

Name (Print) \_\_\_\_\_

Status \_\_\_\_\_

Institution \_\_\_\_\_