

Certification Form

Very Important!

(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 Hiroshima Synchrotron Radiation Center (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

(date) (year) to March 31, 2017 (End of the fiscal year 2017)
(date) (year)

Signature _____

Name (Print) _____

Status _____

Institution _____

This form should be certified by a person who is responsible for the radiation safety of the participants, or a person who is responsible for the safety of the students (e.g., radiation officer, dean, director).