

## Application Form for Radiation Work at Hiroshima Synchrotron Radiation Center

Director General of Hiroshima Synchrotron Radiation Center

I apply to engage in radiation work for the following experiment at Hiroshima Synchrotron Radiation Center (HiSOR) with the list of persons participating in the experiment as a group member.

Responsible person in the experiment

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(print): \_\_\_\_\_ Nationality: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Project Name or Experiment No: \_\_\_\_\_

Period of Experiment: \_\_\_\_\_

Contact Person in Japan: \_\_\_\_\_

Participant's name(print) Family, First, Middle	Affiliation	Position	Sex M,F

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

To be filled in by the HiSOR Radiation Control Office

センター長承認印 : _____	放射線取扱主任者承認印 : _____
受付日・ _____ 年 _____ 月 _____ 日	整理番号 _____

\_\_\_\_\_

(date)

\_\_\_\_\_

(year)