



APPLICATION FOR PERSONAL DOSIMETRY SERVICE

1. FACILITY DETAILS	
Name of facility:	
District:	
Location:	
Address:	
Telephone No:	
E-mail:	

2. REPRESENTATIVE OF THE FACILITY	
Name:	
Title:	
Telephone:	
E-mail	

3. RADIATION SAFETY OFFICER (RSO)	
Name:	
Title:	
Telephone:	
E-mail	

4. Describe briefly the type of activity/practice

5. List the radiation source(s) used at your facility/practice e.g. Dental x-ray, Plain X-ray, Fluoroscopy, CT, Baggage Scanner, nuclear gauge

6. Please provide details of the radiation workers in the table below						
#	Name of radiation worker	Qualification	E-mail	Telephone	Sex	Age
1.						
2.						
3.						
4.						
5.						

Attach a list of radiation workers if the space provided in the table is not enough

7. DECLARATION BY THE LICENSEE	
<p>I the undersigned, declare that the information given above is true and complete to the best of my knowledge. I acknowledge that the TLD badges will remain property of the Council during the provision of the service. I accept the accompanying terms and conditions of service (General and Issue Conditions), as well as any reasonable changes that may occur in the terms and conditions of the service. I agree to pay the charges relating to the provision of the service</p>	
Signature and official Stamp of the applicant	Date:

For official use only		
Registration No.		
Received By:	Signature:	Date:
Evaluated By:	Signature:	Date:
General Remarks and/or comments		