



APPLICATION FOR PERSONAL DOSIMETRY SERVICE

1. ADMINISTRATIVE INFORMATION	
Facility Name:	
Physical Address	
Postal Address	
District:	
Name of the Head of the Facility:	
Designation:	
Telephone:	
E-mail	

2. RADIATION PROTECTION OFFICER (RPO) OF THE FACILITY	
Name:	
Designation:	
Telephone:	
E-mail:	
License number (if any)	

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

Name of radiation worker	Qualification(s)	E-mail	Telephone	Sex	Age

Note: If space is insufficient, please complete and attach additional sheets with the information of radiation workers.

7. DECLARATION BY THE LICENSEE	
I the undersigned, declare that the information given above is true and complete to the best of my knowledge. I acknowledge that the OSL badges will remain property of RPA during the provision of the service. I accept the accompanying terms and conditions of the service. I agree to pay the charges relating to the provision of the service.	
Signature and official Stamp or seal of the applicant	Date:

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