

to: Safety Management Division, RIKEN
2-1, Hirosawa, Wako, Saitama, 351-0198
JAPAN

from: (company/institution)

Certificate for Registered Radiation Worker

This is to certify that the following person is allowed to work in radiation-controlled areas at RIKEN under the condition that he/she has been registered as **a radiation worker at his/her home institution.**

Name: _____
(last first middle)

Date of birth: _____
(year/ month/ day)

Term of validity of this certification:
from _____ to _____
(year/ month/ day) (year/ month/ day)

I certify that above statements is correct.

Signature: _____

Name: _____

Title: _____

Date: _____