(to be filled in the home institution)

_____
(date) (year)

Director General of KEK

Prof. H. Sugawara

I certify that

Name: _____
(family) (first) (middle)

Age: _____

Sex: Male Female

the above person is a radiation worker at
(affiliation in home country) _____
and is allowed to execute radiation works at KEK
during the period from _____ to _____.

Signature _____

Name (Print) _____

Status _____

Institution _____

Statement of Acceptance

To be filled in and signed by the worker upon arrival at KEK

1. I have read and understood the pamphlet, Summary of Radiation Safety Practices at KEK.
   I will follow all rules and accept all conditions for radiation work.

Date _____

Signature _____

(Printed) _____

2. Worker category

☐ Experimental collaborator
☐ Visitor
☐ Other

3. Previous experience in radiation work at KEK (Yes, No)
   If you have, when? Date _____

4. If collaborating in an experiment

Group name	Supervisor's name