(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 Jan 26, 1996 to Feb. 29, 1996.

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**

- [x] 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
T383	Yoshinobu UNNO