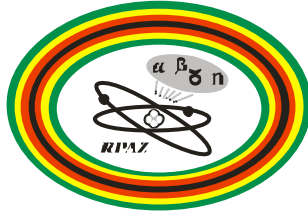


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RADIATION PROTECTION AUTHORITY OF ZIMBABWE
RADIATION PROTECTION ACT [CHAPTER 15:15]

Instructions: (i) Provide ALL the requested information
(ii) Tick the appropriate box

**APPLICATION FOR PERSONAL MONITORING DEVICES (THERMOLUMINESCENCE
DOSIMETER BADGES)**

PERSONAL DETAILS OF APPLICANT

- a) Name:
Mr/Mrs/Dr/Miss.....
- b) Date of Birth...../...../.....
- c) I.D Number.....
- d) Phone Number.....
- e) Occupation.....

f) Do you hold a licence for the operation of ionizing radiation apparatus?

Yes

No

If yes, please state Licence Number.....

2. EMPLOYMENT DETAILS

a) Name of employer:

b) Physical address of employer

.....

.....

.....

c) Principal business activity of employer:

DECLARATION

I..... (name) certify that all the information given herein is true and correct to the best of my knowledge.

Signature..... Date.....