

寄：香港西灣河太康街 28 號
西灣河健康中心三樓
輻射管理局牌照事務處
傳真號碼：2834 1224

To：Radiation Board Licensing Office,
3/F., Sai Wan Ho Health Centre
28 Tai Hong Street
Sai Wan Ho, Hong Kong
Fax No. : 2834 1224

放棄輻照儀器 Abandonment of Irradiating Apparatus

牌照號碼 Licence No. : _____ 有效期至 Valid until _____ / _____ / _____
日 D 月 M 年 Y

持牌人名稱 : _____
Name of Licensee : _____ (與牌照上的名稱相同 As it appears on the licence)

輻照儀器的詳細資料 Detailed information of the Irradiating Apparatus

持牌人現 Licensee now

☐ 申請放棄整部輻照儀器 (此牌照隨後會被註銷)
applies for abandonment of whole set of irradiating apparatus (this licence will subsequently be withdrawn)

☐ 只申請放棄X光管 (例如更換舊X光管後)
applies for abandonment of X-ray tube only (e.g. after replacement of X-ray tube)

因只放棄不包括X光管的機身，申請將拆除的X光管交回有牌供應商* / 轉移到其他牌照以繼續管有**
(此牌照隨後會被註銷)

☐ applies for transferring the dismantled X-ray tube(s) to licensed vendor */ possessing the dismantled x-ray tube(s) under another licence ** because only the machine body WITHOUT x-ray tube is to be abandoned (this licence will subsequently be withdrawn)

* 交回後，請提交有牌供應商發出的確認信
Collection notice issued by licensed vendor should be provided after the transfer

** 請提供牌照號碼 Please provide the licence number _____

現時該輻照儀器之所在地址 Present Location of the Irradiating Apparatus : _____

放棄原因 Reason of abandonment : _____

稱謂 Title ☐ 醫生 Dr ☐ 博士 Dr ☐ 先生 Mr ☐ 女士 Mrs ☐ 女士 Ms ☐ 小姐 Miss

聯絡人姓名 Name of Contact Person : _____
姓 (Surname) 名 (Given name)

電話號碼 Tel No. : _____ 手提號碼 Mobile No. : _____

傳真號碼 Fax No. : _____ 電郵 E-mail : _____

日期 Date : _____ 持牌人簽署
Signature of Licensee : _____

公司印鑑 (如適用)
Company chop (if applicable)

注意事項 Note

表格中所列的所有有關牌照必須於呈交本申請書時仍為有效。

Any current licence mentioned in this application must remain valid on the date of submission of this application.