APPLICATION FOR RECOGNITION FORM

LABORATORY INFORMATION

1. Laboratory Name _____

2. Address _____

_____

3. Test/Calibration to be performed:

☐ Calibration of radiation monitoring equipment

☐ Integrity tests of sealed radioactive sources

4. Check one of the following as it applies to your laboratory. This information is for reference by the Radiation Board Licensing Committee in response to inquires

☐ We provide commercial service

☐ We provide conditionally commercial service

☐ We do not provide commercial service

AUTHORIZED REPRESENTATIVE of the laboratory who is the contact person responsible for the information provided in this application and for ensuring compliance with the requirements for recognition.

_____	_____	_____
Signature	Title	Telephone Number
_____	_____	_____
Printed Name	Date	Fax Number
_____	_____	
E-mail Address	Website	

Please return the completed application form to:

Secretary, Radiation Board Licensing Committee, c/o Radiation Health Division, Department of Health, 3/F., Sai Wan Ho Health Centre, 28 Tai Hong Street, Hong Kong.

Enquiries: Tel: 3620 3746 Fax: 2834 1224 (Fax) E-mail: rhd@dh.gov.hk