

輻射條例 (第 303 章)

RADIATION ORDINANCE (CAP 303)

新申領 / 續領 使用輻照儀器牌照作與人體無關的用途

First Application / Renewal for a Licence to Use an Irradiating Apparatus for Purposes Other than on Human Body

請參閱背頁的「申請須知」後，填寫本表格適用部分。並在適當地方加上☑。

Please refer to the "Notes for Applicants" on Page 2, tick☑ as appropriate and complete the appropriate sections.

申請項目 Purpose of Application

☒ 新申領使用輻照儀器牌照 New application for a licence to use irradiating apparatus.

☐ 續牌 Renewal of licence

牌照有效期至 The licence is valid until _____ / _____ / _____
日 D 月 M 年 Y

Please provide your email address when applying for licence renewal to receive information relating to the licensing matters. If you do not provide the email address below, your email address provided (if any) during last application will be removed.

If the Authorized Person have an activated electronic account in our Electronic Radiation Licensing and Services System (ERLS), you are required to provide an email address of Authorized Person to maintain the account. Otherwise, the electronic account without email address provided will be ceased.

請在申請續領牌照時提供你的電郵地址以接收有關牌照事宜的信息。如果你未在以下位置提供電郵地址，則你於上次申請時提供的電郵地址(如果有)將會被移除。

如果獲授權人士在我們的電子輻射牌照及服務系統(ERLS)中持有已啟動的電子帳戶，則需提供獲授權人士的電郵地址以保留該帳戶。否則，沒有提供電郵地址的電子帳戶將被終止。

獲授權人士電郵 E-Mail of Authorized Person in relation to this application: _____

聯絡人電郵 E-Mail of Contact Person: _____

聯絡人姓名 Name of Contact Person: _____

請選擇適用選項 (1) 或 (2) 並繼續

Please select (1) or (2) as appropriate and continue

(1) ☐ 申請人其他資料、僱用狀況等均沒有變更，與原來申報資料相同。(請到 C 部繼續填寫)

There are no changes on the other particulars of the applicant and the employment status. They are the same as those stated in the last application. (Please continue from Section C)

(2) ☐ 申請人資料、僱用狀況等有變更，與原來申報資料不相同。(請填寫變更資料於表格內)

There are changes in the particulars of the applicant and / or the employment status. They are not the same as those stated in the last application. (Please state the changes in the form)

A. 申請人資料 Particulars of the applicant

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

姓名 Name 陳 Chan 大文 Tai Man
姓 Surname 名 Given name

身分證 / 證明文件編號 Identity Card / Document No. A123456(7) 電郵 E-Mail 123@abc.com.hk

輻射安全方面的學歷 Qualification in radiation safety 填寫資料 Information

執業學歷 Qualification in practising field 填寫資料 Information

通訊地址* Correspondence address* 填寫資料 Information

*有關地址將列印於牌照上 *The address will be printed on the licence

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 : 李 Lee 好 Ho
姓 Surname 名 Given name

電郵 E-Mail: 123@ghi.com.hk 電話號碼 Tel No.: 填寫資料 Information

傳真號碼 Fax No.: 填寫資料 Information 手機號碼 Mobile No.: 填寫資料 Information

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收件日期 Date received _____

申請資料不足，欠缺 Application incomplete due to lacking of _____

