

SAMPLE

to: Safety Management Division, RIKEN
2-1, Hirosawa, Wako, Saitama, 351-0198
JAPAN

from: (company/institution)

ABC University
1-2-3, ABCDE road, FGHIJK,
NY12345, U.S.A.

Certificate for Registered Radiation Worker

This is to certify that the following person is allowed to work in radiation-controlled areas at RIKEN under the condition that he/she has been registered as **a radiation worker at his/her home institution.**

Name: ANKAN Taro Osker
(last first middle)

Date of birth: 19***/December/06
(year/ month/ day)

Term of validity of this certification:

from 20YY/MM/DD to 20YY/MM/DD
(year/ month/ day) (year/ month/ day)

I certify that above statements is correct.

should be signed by the person in charge of radiation control at your institute.

Signature: 

Name: Albert Einstein

Title: Director, Safety division, ABC University

Date: 20YY/MM/DD