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to: Safety Management Division, RIKEN

 2-1, Hirosawa, Wako, Saitama, 351-0198

 JAPAN

from: (company/institution)

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:

 (last first middle)

 Date of birth:

 　　(year/ month/ day)

 Term of validity of this certification:

 from　　　　　　　　　to

 　　(year/ month/ day) 　(year/ month/ day)

 I certify that above statements is correct.

 Signature:

 Name:

 Title:

 Date: