

LICENSING AND INSPECTIONS RADIATION PROTECTION INSPECTORATE Ministry of Tertiary Education, Research, Science and Technology Private Bag BO 1, Gaborone, Botswana Tel: (+267) 318 8388, Fax: (+267) 395 7025 Plot 132, Gaborone International Finance Park, Gaborone E-mail: <u>rpibots@gov.bw</u>



FORM 01

USER REGISTRATION

Section 1. Applicant (Institution, Company, Organization etc)

Name and Postal address (for correspondence) :	Premises (Physical) address :
Telephone No. :	
Facsimile No. :	

Section 2. Details of the Licensee /Legal person

Name :		Occupation:		
Qualifications:	Designation:	I	ID No.	
Address :		Telephone No:		
		Facsimile:		
		E-mail:		
I am aware of and accept my duties as		Signature :		Date:
Licensee/Legal person				

Section 3. Radiation Safety Officer (RSO) (Must be appointed if not already appointed)

Name :		Occupation:		
Qualifications:	Designation:		ID No.	
Experience / training in handling radioactive material:		Address :		
		E-mail		
I am aware of and accept my duties as Radiation Safety Officer:		Signature :		Date:

Section 4. Deputy Radiation Safety Officer (DRSO)

Name :	*	Occupation:		
Qualifications:	Designation:		ID No.	
Experience / training in handling radioactive material:		Address :		
I am aware of and accept my duties as Deputy Radiation Safety Officer:		Signature :	Da	ite:



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Section 5 Appointed Medical Physicist (where more than 370 MBq is administered to patients)

Name:	Address :
Qualifications:	
Telephone No. :	
Cell / Mobile :	

Section 6. Details of radiation monitoring equipment (e.g. rate meter and/or contamination monitor):

Name of Manufacturer	Model	Туре	Calibration date
Calibration certificate issued by :			

Section 7. Proposed dosimetry Service Provider

Name :	
Address :	

Section 8. Declaration

This is to certify that I, (Print) : supplied is to the best of my knowledge true and o	hereby declare that the information correct.
Signature :	Date :
Designation :	