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: