



RADIATION DOSIMETRY SERVICE REQUEST NEW AREA MONITORING REGISTRATION FORM

Instructions for completing the application form:

1. Complete all relevant sections of the form below.
2. Area names must be unique; no duplicates are allowed.
3. Provide the justification(s) for any replacement of an existing monitored area that is currently in an active subscription. No justification required for any new subscription.
4. Please submit this form in PDF format to radtechservices@shena.gov.bn no later than 30 days before the intended start date of monitoring service. If replacing an existing area with a new area to be monitored under an active subscription, this form must be submitted along with the termination form to ensure seamless transition.
5. Additional form(s) may be added for additional areas registered.
6. Upon receipt of the invoice from SHENA, please process the invoice promptly to ensure service is initiated on time.

Company ID	
Company Name	

AREA 1

Area Name/Description			
Type of Activity	<input type="checkbox"/> Medical	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other (specify):
Location/Address			
Radiation Source			
Does this replace an existing monitored area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify the area and ID
Justification for replacement (if applicable)			
When would you like to receive your first Dosimeter?	<input type="checkbox"/> ASAP	<input type="checkbox"/> Next monitoring period	



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AREA 2

Area Name/Description			
Type of Activity	<input type="checkbox"/> Medical <input type="checkbox"/> Industrial <input type="checkbox"/> Other (specify):		
Location/Address			
Radiation Source			
Does this replace an existing monitored area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify the area and ID	
Justification for replacement (if applicable)			
When would you like to receive your first Dosimeter?	<input type="checkbox"/> ASAP <input type="checkbox"/> Next monitoring period		

AREA 3

Area Name/Description			
Type of Activity	<input type="checkbox"/> Medical <input type="checkbox"/> Industrial <input type="checkbox"/> Other (specify):		
Location/Address			
Radiation Source			
Does this replace an existing monitored area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify the area and ID	
Justification for replacement (if applicable)			
When would you like to receive your first Dosimeter?	<input type="checkbox"/> ASAP <input type="checkbox"/> Next monitoring period		



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AREA 4

Area Name/Description			
Type of Activity	<input type="checkbox"/> Medical	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other (specify):
Location/Address			
Radiation Source			
Does this replace an existing monitored area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify the area and ID	
Justification for replacement (if applicable)			
When would you like to receive your first Dosimeter?	<input type="checkbox"/> ASAP	<input type="checkbox"/> Next monitoring period	

DECLARATION

I confirm that the information provided in this form is true, complete and accurate. I agree with the applicable **Terms & Conditions** of the Personal Dosimetry Monitoring Service.

Signature

Date



اوتوريټي كڤسائڻ كسلامتن
كصيتت: دان عالمسكيت
Safety, Health and Environment
National Authority

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FOR OFFICIAL USE ONLY			
Date Received		Invoice No. Issued	
Invoice Date		Payment Received Date	
Subscription ID		Subscription End Date	
Processed by		Reviewed by	
Signature & Date		Signature & Date	
Assigned Area IDs			
Remarks			