



اوتوريٽي ڪي بھ سائن ڪسلامتن  
ڪصيتن دان عالم سڪيتر  
Safety, Health and Environment  
National Authority

## RADIATION DOSIMETRY SERVICE REQUEST FOCAL PERSON CHANGE REQUEST FORM

### Instructions for completing the application form:

1. Complete all sections of the form below.
2. The declaration must be signed by an authorised representative within the company/entity.
3. Please submit this form in PDF format to [radtechservices@shena.gov.bn](mailto:radtechservices@shena.gov.bn) for processing.

### SECTION A: COMPANY DETAILS

Company Name	
Company ID No.	

### SECTION B: CURRENT FOCAL PERSON DETAILS

Full Name	
Email Address	
Designation	
Reason for change of Focal Person	

### SECTION C: NEW FOCAL PERSON DETAILS

Full Name	
Email Address	
Designation	



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### SECTION D: DECLARATION

- ☐ I hereby request a change for a new focal person for the stated reason and confirm that the information provided in this form is true, complete and accurate. I further agree with the applicable **Terms & Conditions** of the Personal Dosimetry Monitoring Service.

Name

Designation

Signature & Company Stamp

Date

### FOR OFFICIAL USE ONLY

Date Received

Application Reference No.

Processed by

Reviewed by

Signature & Date

Signature & Date

Remarks