



اوتوريټي ڪي بھ سائن ڪسلامتن  
ڪھيٽن دان عالم سڪيٽر  
Safety, Health and Environment  
National Authority

## APPLICATION TO REGISTER AS GENERAL RADIATION WORKER

Please complete the application form and submit it to SHENA, along with all the relevant supporting documents, as listed. Incomplete application submissions will be automatically rejected.

TYPE OF ACTIVITY
<input type="checkbox"/> Industrial Radiography (Non-Destructive Testing)
<input type="checkbox"/> Well logging & Gauging
<input type="checkbox"/> Manufacture, Transport, Sale, Maintenance, Security, Analysis and Education
<input type="checkbox"/> Medical & Dental
<input type="checkbox"/> Others: _____

FILE NO.	DOCUMENT NAME	DESCRIPTION	PLEASE INDICATE (/)	FOR OFFICE USE ONLY
1.	Form	Completed application form	<input type="checkbox"/>	
2.	IC / Passport	Copy of Brunei Identity Card (IC) or passport for non-Bruneian citizen	<input type="checkbox"/>	
3.	CV	Up-to-date Curriculum Vitae (CV)	<input type="checkbox"/>	
4.	Photo	One (1) coloured passport photo with white background	<input type="checkbox"/>	
5.	Highest Educational Certificate	A copy of highest educational certificate	<input type="checkbox"/>	
6.	Medical Fitness Certificate	A copy of medical fitness certificate	<input type="checkbox"/>	
7.	Radiation Training	A copy of Radiation Protection Awareness / Radiation-Related Course Certificate	<input type="checkbox"/>	
8.	ASNT Radiography Testing Certificate	A Copy of valid American Society for Non-Destructive Testing (ASNT) Radiography Testing certificate Level 1 or 2 or other certifying bodies that comply with ISO 9712 <i>Note: Applicable for Industrial Radiography Activity only</i>	<input type="checkbox"/>	



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### SECTION A: APPLICANT BASIC INFORMATION

Applicant Name			
IC/Passport No.			
Nationality			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth (DD/MM/YY)			
Home Address			
Email Address			
Telephone No.			
Highest Educational Level & Name of Course			
Latest Medical Fitness result	<input type="checkbox"/> Fit	<input type="checkbox"/> Unfit	Issue Date:

### SECTION B: BUSINESS ENTITY

Business Entity Name	
Business Entity Address	
Business Entity Tel No.	
Business Entity Email Address	
Name of Business Entity Contact Person	
Current Designation of Applicant in Business Entity	



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### SECTION C: DECLARATION

- ☐ I declare that all particulars and information provided in this application and the documents attached hereto are accurate to the best of my knowledge and belief, and I understand that the Safety, Health and Environment National Authority (SHENA) reserves the right to reject this application if, at any stage, the information provided is false and incorrect. Should verification be required on any information provided in this application, I authorise SHENA to conduct the necessary investigations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### SECTION D: COUNTERSIGNATURE

- ☐ I hereby endorse the above application of the applicant to become a General Radiation Worker and declare that the information provided is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Name & Signature of Licensee /  
Radiation Protection Officer

\_\_\_\_\_  
Date & Business Entity Stamp