



CONFIDENTIAL

RADIATION BADGE APPLICATION

VISITORS

First Name:	Middle Name:	Last Name:
Date of Birth: Month: _____ Date: _____ Year: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
**Canadian Social Insurance Number:		
**American Social Security Number:		
Have you ever been on a Badge Service in the past, or are you currently on a Badge Service? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please list of the name of the institutes providing the Badge Service:		
1. _____		
2. _____		
3. _____		

** NOTE: Social Insurance/Security Numbers are requested for radiation badge holder identification purposes only. The numbers are maintained in the Landauer Inc. database (TRIUMF's radiation badge service provider) and, in the case of Canadian SINs, forwarded to the Health Canada National Dose Registry, which maintains a centralized registry of the occupational radiation dose records of monitored workers in Canada. Providing your Social Insurance number will ensure that you are correctly identified with the Registry. Canadian Social Insurance and American Social Security numbers may also be referenced by TRIUMF to confirm identification for requests for radiation doses made by home institutions or subsequent employers.

FOR TRIUMF USE ONLY

Type of Badge Issued:

<input type="checkbox"/> Monthly X, Gamma, Beta	<input type="checkbox"/> Monthly X, Gamma, Beta, Neutron
<input type="checkbox"/> Quarterly X, Gamma, Beta	<input type="checkbox"/> Quarterly X, Gamma, Beta, Neutron
<input type="checkbox"/> Extremity	

Account #: _____

Participant #: _____

Issued by: _____

Date: _____