

**APPLICATON FOR TLD RING/BADGE**

Do you need a TLD badge? Yes  ring? Yes

Name: \_\_\_\_\_  
Last Name First Name

Sex: F  M

Have you received Radiation Safety Training? Yes  No

\*Social Insurance No: \_\_\_\_\_

\*Date of Birth (DD/MM/YY): \_\_\_\_\_

\*Place of Birth (country and province): \_\_\_\_\_

Location (building, room no.) where ring/badge should be sent: \_\_\_\_\_

Name of Permit Holder: \_\_\_\_\_

How often will you be working in an environment where radioactive materials will be used?  
(circle the most appropriate answer)

Daily Monthly Few times a month Few times a year Other: \_\_\_\_\_

\*Required by National Dose Registry of Health Canada

Return completed form to: Radiation Safety Officer, E.O.B. Rm. C37

**Office Use Only**

Badge No. Assigned: \_\_\_\_\_

Ring No. Assigned: \_\_\_\_\_

Date: \_\_\_\_\_