



## USER REGISTRATION

**FORM 01**

## Section 1. Applicant (Institution, Company, Organization etc)

<b>Name and Postal address (for correspondence) :</b>	<b>Premises (Physical) address :</b>
<b>Telephone No. :</b>	
<b>Facsimile No. :</b>	

## Section 2. Details of the Licensee /Legal person

<b>Section 2: Details of the Licensee/Legal person</b>			
<b>Name:</b>		<b>Occupation:</b>	
<b>Position in the company (e.g., shareholder/Director):</b>	<b>Designation:</b>		<b>ID No.</b>
	<b>Qualifications:</b>		
<b>Address :</b>		<b>Telephone/Mobile No:</b>	
		<b>Facsimile:</b>	
		<b>E-mail:</b>	
<b>I am aware of and accept my duties as Licensee/Legal person</b>		<b>Signature :</b>	<b>Date:</b>

**Section 3. Radiation Safety Officer (RSO) (Must be appointed if not already appointed)**

<b>Name :</b>				<b>Occupation:</b>	
<b>Qualifications:</b>		<b>Designation:</b>		<b>ID No.</b>	
<b>Experience / training in handling radioactive material:</b>			<b>Address :</b>		
<b>Cell / Mobile :</b>					
			<b>E-mail</b>		
<b>I am aware of and accept my duties as Radiation Safety Officer:</b>			<b>Signature :</b>		<b>Date:</b>

#### **Section 4. Deputy Radiation Safety Officer (DRSO)**

<b>Name :</b>		<b>Occupation:</b>	
<b>Qualifications:</b>	<b>Designation:</b>		<b>ID No.</b>
<b>Experience / training in handling radioactive material:</b>		<b>Address :</b>	
<b>Cell / Mobile :</b>			
<b>I am aware of and accept my duties as Deputy Radiation Safety Officer:</b>		<b>Signature :</b>	<b>Date:</b>



**LICENSING AND INSPECTIONS**  
**RADIATION PROTECTION INSPECTORATE**  
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 Plot 132, Gaborone International Finance Park, Gaborone  
 E-mail: [rpibots@gov.bw](mailto:rpibots@gov.bw)



**Section 5 Appointed Medical Physicist (where more than 370 MBq is administered to patients)**

<b>Name:</b>	<b>Address :</b>
<b>Qualifications:</b>	
<b>Telephone No. :</b>	
<b>Cell / Mobile :</b>	

**Section 6. Details of radiation monitoring equipment (e.g. rate meter and/or contamination monitor):**

Name of Manufacturer	Model	Type	Calibration date
<b>Calibration certificate issued by :</b>			

**Section 7. Proposed dosimetry Service Provider**

<b>Name :</b>
<b>Address :</b>

**Section 8. Declaration**

<b>This is to certify that I, (Print) : _____ hereby declare that the information supplied is to the best of my knowledge true and correct.</b>	
<b>Signature :</b>	<b>Date :</b>
<b>Designation :</b>	