|  |
| --- |
| 1. **CLIENT INFORMATION** [ ]  **FOR NEW APPLICATION** [ ] **FOR RENEWAL OF SERVICE**
 |
| 1. Complete Facility Name:
 | **Enter Complete Facility / Institution Name**  |
| 1. Type of Office
 | [ ] Main [ ]  Branch [ ] Others: Specify Type |
| 1. Facility Address 1:
 | Bldg No. / Street No./Room No./ Street Name/Brgy./District  |
| Facility Address 2: | Municipality/City/Province. | Zip Code | Zip Code |
| 1. Contact Person:
 |  Contact Person | Designation: | Position Title |
| 1. Billing Address:
 | Enter Billing Address |
| 1. Bill-To Person:
 | Click here to enter text. | Designation: | Click here to enter text. |
| 1. Tel No.:
 | Enter Telephone No. | Mobile No. | Enter Mobile No. |
| 1. Company TIN:
 | Click here to enter text. | E-mail:  | Enter E-Mail Address |
| **2. RADIATION EMITTING EQUIPMENT** *(Use additional sheets if necessary)* |
|  | ***Brand*** |  | ***Model*** |  | ***Details (kV and mA)*** |
| 1. X-ray
 | Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| 1. CT-Scan
 | Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| 1. Mammography
 | Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| 1. Other: (Specify)
 | Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| 1. **RADIATION DETECTORS AND PERSONAL PROTECTIVE EQUIPMENT**
 |
| 1. Radiation Detector [ ]  Survey Meter [ ]  Pen Dosimeter Others: Click here to enter text.
 |
| 1. Protective Equipment [ ]  Lead Gown [ ]  Lead Goggles [ ]  Thyroid Shield Others: Click here to enter text.
 |
| 1. **USER/S INFORMATION**
 |
|  | **Name *(Last Name, First Name, Middle Initial)*** | **Gender** | **Designation** | **Department Name** | **Pregnant (Y/N)** |
| 01 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 02 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 03 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 04 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 05 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 06 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 07 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 08 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 09 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 10 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 11 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 12 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 13 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 14 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 15 | Click here to enter text. | Gender | Click here to enter text. | Click here to enter text. | N |
| 1. **NUMBER OF BACKGROUND CONTROL BADGES**
 |  **SPECIFY LOCATION** |
| 01 | Click here to enter text. | Staff Room |
| 02 | Click here to enter text. | Staff Room |
| 03 | Click here to enter text. | Staff Room |
| ***NOTE: Should you have more than 15 users or more than 3 background control badges, kindly place details in an attached sheet.*** |
| 1. **SUBSCRIPTION PLAN**
 |
| [ ] **Monthly Monitoring**\*Receives 12 dose reports in a year | [ ] **Bi-Monthly Monitoring**\*Receives 6 dose reports in a year |
| 1. **TYPE OF DELIVERY** [ ]  LBC [ ] N/A (For Pick-Up)
 |
| 1. **BADGE SUMMARY**
 |
| **Total No. of Users:** Click here to enter text. | **Total No. of Background Badges:** Click here to enter text. |
| ***NOTE: Prices are VAT inclusive. Prices include free assessment of dose badges, delivery of dose reports. Prices are subject to change without prior notice.*** |
| 1. **AGREEMENT.**

[ ]  *By ticking this box, it is understood that all information provided in this application is true, correct and complete. I accept the terms and conditions of subscription to OSLD Dosimetry Services provided by TÜV Rheinland Philippines, Inc., including any amendments thereto.*  |
| **Click here to enter text.****Full Name of Representative** | Click here to enter a date.**Date Signed** |

*Kindly send this completed form to* *oslservice@tuv.com* *or directly submit it to our office. Upon our acknowledgement, a quote will be sent to you with the corresponding breakdown of fees. You will receive your badges through your preferred delivery type* ***15 working days*** *after we have received a copy of your full payment receipt. For questions or clarifications, please feel free to contact us at +63 2 8246 1670.*