[ ] **FOR INFO UPDATING** [ ]  **FOR CHANGE OF USERS** [ ]  **OTHER REQUEST/S**

|  |
| --- |
| 1. **CLIENT INFORMATION**
 |
| 1. TUV-R Account Number
 | Enter Account Number  |
| 1. Facility Name:
 | Enter Complete Facility Name |
| 1. Contact Person:
 | Enter Contact Person. |
| 1. Contact Number:
 | Enter Contact Number. | Email: | Enter Email Address. |
| **2. INFORMATION UPDATING** |
|  | ***OLD*** | ***NEW*** |
| 1. Facility Name
 | Click here to enter text. | Click here to enter text. |
| 1. Office Type
 | Click here to enter text. | Click here to enter text. |
| 1. Facility Address
 | Click here to enter text. | Click here to enter text. |
| 1. Contact Person
 | Click here to enter text. | Click here to enter text. |
| 1. Billing Address
 | Click here to enter text. | Click here to enter text. |
| 1. Contact Number
 | Click here to enter text. | Click here to enter text. |
| 1. Email Address
 | Click here to enter text. | Click here to enter text. |
| 1. Others:
 | Click here to enter text. | Click here to enter text. |
| 1. **ADDITIONAL REQUESTS**
 |
| [ ] User Badges Quantity: Enter Quantity of User Badges | [ ] Background Badges Quantity: Enter Quantity of Background Badges |
| 1. **NEW USER/S INFORMATION (If more fields are needed, kindly fill out the C1-B extension forms)**
 |
|  | **Specifics** | **OLD** | **NEW** | **Remarks** |
| 01 | Name : | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Position: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Effective Date: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 02 | Name: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Position: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Effective Date: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 05 | Name: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Position: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Effective Date: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 04 | Name: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Position: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Effective Date: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 05 | Name: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Position: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Effective Date: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 06 | Name: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Position: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Effective Date: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 07 | Name: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Position: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Effective Date: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 1. **ADDITIONAL BACKGROUND CONTROL BADGES**
 |
|  | ***Specifics*** | ***OLD LOCATION*** | ***NEW LOCATION*** | ***REMARKS*** |
| 02 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 03 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 03 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 1. **Other Request/s:**
 |
| Click here to enter text. |
| 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**. Upon acknowledgement, a quote will be sent to you for additional badges requested. For questions or clarifications, please feel free to contact us at* +63 2 8246 1670.