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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **CLIENT INFORMATION** | | | | | | | | | |
| 1. TUV-R Account Number | | |  | | | | | | |
| 1. Facility Name: | | |  | | | | | | |
| 1. Contact Person: | | |  | | | | | | |
| 1. Contact Number: | | |  | | | | Email: | |  |
| **2. INFORMATION UPDATING** | | | | | | | | | |
|  | | | ***OLD*** | | | ***NEW*** | | | |
| 1. Facility Name | | |  | | |  | | | |
| 1. Office Type | | |  | | |  | | | |
| 1. Facility Address | | |  | | |  | | | |
| 1. Contact Person | | |  | | |  | | | |
| 1. Billing Address | | |  | | |  | | | |
| 1. Contact Number | | |  | | |  | | | |
| 1. Email Address | | |  | | |  | | | |
| 1. Others: | | |  | | |  | | | |
| 1. **ADDITIONAL REQUESTS** | | | | | | | | | |
| User Badges Quantity: | | | | Background Badges Quantity: | | | | | |
| 1. **NEW USER/S INFORMATION (If more fields are needed, kindly fill out the C1-B extension forms)** | | | | | | | | | |
|  | **Specifics** | | **OLD** | **NEW** | | | **Remarks** | | |
| 01 | Name : | |  |  | | |  | | |
| Position: | |  |  | | |  | | |
|  | Effective Date: | |  |  | | |  | | |
| 02 | Name: | |  |  | | |  | | |
| Position: | |  |  | | |  | | |
|  | Effective Date: | |  |  | | |  | | |
| 05 | Name: | |  |  | | |  | | |
| Position: | |  |  | | |  | | |
|  | Effective Date: | |  |  | | |  | | |
| 04 | Name: | |  |  | | |  | | |
| Position: | |  |  | | |  | | |
|  | Effective Date: | |  |  | | |  | | |
| 05 | Name: | |  |  | | |  | | |
| Position: | |  |  | | |  | | |
|  | Effective Date: | |  |  | | |  | | |
| 06 | Name: | |  |  | | |  | | |
| Position: | |  |  | | |  | | |
|  | Effective Date: | |  |  | | |  | | |
| 07 | Name: | |  |  | | |  | | |
| Position: | |  |  | | |  | | |
|  | Effective Date: | |  |  | | |  | | |
| 1. **ADDITIONAL BACKGROUND CONTROL BADGES** | | | | | | | | | |
|  | ***Specifics*** | ***OLD LOCATION*** | | ***NEW LOCATION*** | | | | ***REMARKS*** | |
| 02 |  |  | |  | | | |  | |
| 03 |  |  | |  | | | |  | |
| 03 |  |  | |  | | | |  | |
| 1. **Other Request/s:** | | | | | | | | | |
|  | | | | | | | | | |
| 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.* | | | | | | | | | |
| **Full Name of Representative** | | | | | **Date Signed** | | | | |

*Kindly send this completed form to* [*oslservice@tuv.com*](mailto: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.