



University of Toronto
Radiation Protection Services
Application for X-Ray TLD Radiation Monitoring Service

Application must be authorized by Permit Holder AND Badge Coordinator

The following information is required for CNSC licensing purposes.

Please complete the form and submit to **Radiation Protection Services (Fax 416-971-1361)**.

Surname: _____ Full Given Name: _____
 Work Phone: _____ E-mail: _____
 Position: _____ Sex: Male Female
 Date of Birth (mm/dd/yy): _____ Country and Province of Birth: _____
 Social Insurance Number: _____ Personnel / Student #: _____
 Have you worn a TLD previously? Y N If so, where? _____

Badges will be provided continuously until Radiation Protection Service is notified otherwise.

Type of Thermo-Luminescent Dosimeter (TLD) Required:

Whole Body/Skin

Extremity (Ring)

Ring Size: S M L

 Cost Centre*: _____ Central Fund Centre*: _____

Department/Division: _____ GLOBAL Account/Location Number*: _____

Badge Co-ordinator (Please print First name, Last name)*: _____

Phone Number: _____ Date: _____ Badge Co-ordinator Signature: _____

Permit Number: _____ Permit Holder Signature: _____

* Required

For Radiation Protection Service Use Only

Training requirements fulfilled: _____ Course #: _____

Series Code Number: _____ Badge Number: _____