Republic of the Philippines Department of Science and Technology

PHILIPPINE NUCLEAR RESEARCH INSTITUTE

Commonwealth Avenue, Diliman, Quezon City

**APPLICATION FOR A LICENSE FOR THE USE OF SEALED**

**RADIOACTIVE SOURCES IN LARGE IRRADIATORS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS:** To complete this application, refer to Part 15 of the Code of PNRI Regulations and the corresponding Regulatory Guide for the Preparation of Application for a License for the Use of Sealed Radioactive Sources in Large Irradiators. Submit duplicate copies of the completed application form, with the specified application/license fee, and all required attachments, to the Nuclear Regulatory Division, Philippine Nuclear Research Institute, Commonwealth Avenue, Diliman, Quezon City. 1. This is an application for: (Check appropriate box)

|  |  |
| --- | --- |
|[ ]  1. NEW LICENSE
 |  |
|[ ]  1. AMENDMENT TO LICENSE NUMBER
 | **Enter text.**  |
|[ ]  1. RENEWAL OF LICENSE NUMBER
 | **Enter text.**  |

1. Type of License:

|  |
| --- |
|[ ]  A. PERMIT TO CONSTRUCT |
|[ ]  B. LICENSE TO USE |

 |

I. GENERAL INFORMATION

1.0 NAME AND MAILING ADDRESS OF APPLICANT.

|  |  |
| --- | --- |
| Company Name: | Enter text.  |
| Address: | Enter text.  |
| Head of the Company: | Enter text.  |
| Telephone/Mobile Phone Number: | Enter text.  |
| Fax Number: | Enter text.  |
| E-Mail Address: | Enter text.  |

2.0 PERSON TO BE CONTACTED ABOUT THIS APPLICATION.

|  |  |
| --- | --- |
| Full Name: | Enter text.  |
| Position/Title: | Enter text.  |
| Address: | Enter text.  |
| Telephone/Mobile Phone Number: | Enter text.  |
| Fax Number: | Enter text.  |
| E-Mail Address: | Enter text.  |

1. RADIOACTIVE MATERIAL/S AND PURPOSE OF USE.

**3.1 Radioactive Sources (including Check/Calibration/Reference Sources) –** *Attach copy of “Certificate of Design Approval as a Special Form Radioactive Materials” issue by the Competent Authority of the country of origin.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Radioactive Source (Element- Mass Number)** | **Manufacturer/Distributor** | **Model/Serial Number** | **Number of Units (Quantity)** | **Max.****Amount to be Possessed****at Any One Time (MBq)** | **Purpose of Use** |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

***Attachment 1***:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attached** | **NA** | **Remarks** |
| Initial Leak Test Certificate and Decay Chart of the Radioactive Sources  |[ ] [ ]  Enter text. |

 **II. TECHNICAL SPECIFICATIONS**

* 1. **LOCATION AND TECHNICAL SPECIFICATION OF THE IRRADIATOR FACILITY.**
	2. **Location of Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| Building | Enter text. | Room | Enter text. |
| Street | Enter text. |
| City | Enter text. | Province | Enter text. |
| Telephone and Fax Number  | Enter text. |

***Attachment 2***:

Irradiator Facility Layout

|  |  |  |
| --- | --- | --- |
|  |  **Attached** | **Remarks** |
| 4.1.1 Layout of the facility |[ ]  Enter text. |
| 4.1.2 Rooms/areas |[ ]  Enter text. |
| 4.1.3 Description of shielding design |[ ]  Enter text. |
|  4.1.4 Description of ventilation and cooling system |[ ]  Enter text. |

***Attachment 3:***

Product Handling System Layout

|  |  |  |
| --- | --- | --- |
|  |  **Attached** | **Remarks** |
| 4.1.1 Layout of the system |[ ]  Enter text. |
| 4.1.2 Rooms/areas |[ ]  Enter text. |
| 4.1.3 Description of product handling and dividers (in/out) design |[ ]  Enter text. |
|  4.1.4 Description of gamma alarm system |[ ]  Enter text. |

* 1. **Technical Specifications of the Irradiator**

|  |  |  |  |
| --- | --- | --- | --- |
| Manufacturer | Enter text. | Installation Date: | Enter text. |
| Model Name: | Enter text. | Serial Number: | Enter text. |
| Types of Irradiator: | Enter text. |
| Maximum Radioactive Source Activity: | Enter text. |
| Initial Activity of Radioactive Source to be Loaded: | Enter text. |

***Attachment 3***:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attached** | **NA** | **Remarks** |
| Information regarding the equipment (e.g., brochure) |[ ] [ ]  Enter text. |

* 1. **Facility and Equipment Description.**
		1. **QA/QC Instrumentation (Pool Water Quality)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Equipment** | **Manufacturer** | **Model** | **Serial Number** | **Supplier/ Distributor** |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

* + 1. **Personnel Monitoring Instruments**
			1. **Personnel Monitoring Device**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type** | **Quantity** | **Type of Radiation****Detected** | **Type of Monitoring** | **Frequency of Change** | **Name and Address of****Supplier(s)** |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

* + - 1. **Direct Reading Dosimeters**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Quantity** | **Range** | **Date of Last****Calibration** | **Name and Address of****Supplier** |
| Pocket Dosimeter | Enter text. | Enter text. | Enter text. | Enter text. |
| Others | Enter text. | Enter text. | Enter text. | Enter text. |

* + 1. **Radiation Detection Instruments**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Instrument** | **Manufacturer/ Distributor** | **Model** | **Serial Number** | **Sensitivity Range (mSv/hr)** | **Date of Last Calibration** | **Organization to Perform Calibration** |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

***Attachment 4***:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attached** | **NA** | **Remarks** |
| Calibration Certificates ofRadiation Detection Instruments |[ ] [ ]  Enter text. |

5.0 PROOF OF LEGAL STATUS.

|  |  |
| --- | --- |
| SEC Registration Number | Enter text. |
| Business Permit Number | Enter text. |

***Attachment 5***:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attached** | **NA** | **Remarks** |
| Proof of applicant’s incorporation,registration or charter (SEC registration or equivalent) |[ ] [ ]  Enter text. |

For public institutions, specify the enabling legislation (Act):

|  |
| --- |
| Enter text. |

6.0 RADIATION WORKERS AND THEIR TRAINING AND EXPERIENCES Pls. refer to Attachment A to C

|  |  |  |  |
| --- | --- | --- | --- |
| **Worker** | **Name** | **Trainings** | **Experiences** |
| Radiation SafetyOfficer (RSO) | Enter text. | Enter text. | Enter text. |
| Assistant RSO | Enter text. | Enter text. | Enter text. |
| Authorized Operator | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Authorized Technical Staff | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |

1. **DESIGN AND PERFORMANCE REQUIREMENTS**

***Attachment 7***:

* + 1. **INTRODUCTION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attached** | **NA** | **Remarks** |
| 1.1 General Description  |[ ] [ ]  Enter text. |
| 1.2 Identification of Owner, Agents and Contractors |[ ] [ ]  Enter text. |
| 1.3 Use of the Facility |[ ] [ ]  Enter text. |

* + 1. **SITE SUITABILITY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attached** | **NA** | **Remarks** |
| 2.1 Description of the Location of the Facility  |[ ] [ ]  Enter text. |
| 2.2 Description of Surroundings and Access Roads  |[ ] [ ]  Enter text. |
| 2.3 Soil/Geological Test  |[ ] [ ]  Enter text. |

* + 1. **TECHNICAL SPECIFICATIONS OF THE IRRADIATOR** (Refer to Section 32 of CPR Part 15)

|  |  |  |  |
| --- | --- | --- | --- |
| **Irradiators:** | **Attached** | **NA** | **Remarks** |
| 3.1 Shielding |[ ] [ ]  Enter text. |
| 3.2 Foundations  |[ ] [ ]  Enter text. |
| 3.3 Radiation Monitors  |[ ] [ ]  Enter text. |
| 3.4 Access Control |[ ] [ ]  Enter text. |
| 3.5 Fire Protection |[ ] [ ]  Enter text. |
| 3.6 Source Return |[ ] [ ]  Enter text. |
| 3.7 Seismic |[ ] [ ]  Enter text. |
| 3.8 Wiring |[ ] [ ]  Enter text. |
| **Pool Irradiators:** |  |  |  |
| 3.9 Pool Integrity |[ ] [ ]  Enter text. |
| 3.10 Water Handling System |[ ] [ ]  Enter text. |
| 3.11 Radiation Monitors |[ ] [ ]  Enter text. |
| 3.12 Source Rack |[ ] [ ]  Enter text. |

* + 1. **FACILITY DESIGN**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attached** | **NA** | **Remarks** |
| 4.1 Facility Plans and Drawing |[ ] [ ]  Enter text. |
| 4.2 Classification of Adjacent Areas  |[ ] [ ]  Enter text. |
| 4.3 Fire Protection System  |[ ] [ ]  Enter text. |
| 4.4 Ventilation and Cooling Systems |[ ] [ ]  Enter text. |

* + 1. **ANALYSES OF RADIATION HAZARDS AND SAFETY FEATURES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attached** | **NA** | **Remarks** |
| 5.1 Radiation  |[ ] [ ]  Enter text. |
| 5.2 Radioactivity  |[ ] [ ]  Enter text. |
| 5.3 Designation of Controlled Areas  |[ ] [ ]  Enter text. |
| 5.4 Shielding Design and Calculations  |[ ] [ ]  Enter text. |
| 5.5 Radiation Warning System |[ ] [ ]  Enter text. |
| 5.6 Radiation Damage to Components |[ ] [ ]  Enter text. |
| 5.7 Handling and Confinement of Radioactive Materials |[ ] [ ]  Enter text. |
| 5.8 Environmental Releases |[ ] [ ]  Enter text. |

* + 1. **NON-RADIATION HAZARDS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attached** | **NA** | **Remarks** |
| 6.1 Description of any hazard associated with the operation of the irradiator other than radiation hazards  |[ ] [ ]  Enter text. |

* + 1. **CONSTRUCTION REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attached** | **NA** | **Remarks** |
| 7.1 Construction Report  |[ ] [ ]  Enter text. |

* + 1. **COMMISSIONING**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attached** | **NA** | **Remarks** |
| 8.1 Commissioning Plan  |[ ] [ ]  Enter text. |
| 8.2 Commissioning Report |[ ] [ ]  Enter text. |
| 8.3 Acceptance Testing Report |[ ] [ ]  Enter text. |

9.0 RADIATION SAFETY PROGRAM

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attached** | **NA** | **Remarks** |
| 9.1 Organization, Duties and Responsibilities of the Radiation Safety Committee  |[ ] [ ]  Enter text. |
| 9.2 Audit Program  |[ ] [ ]  Enter text. |
| 9.3 Personnel Monitoring Program  |[ ] [ ]  Enter text. |
| 9.4 Material Receipt and Accountability |[ ] [ ]  Enter text. |
| 9.5 Calibration of Radiation Detection Instruments |[ ] [ ]  Enter text. |
| 9.6 Training/Refresher Program |[ ] [ ]  Enter text. |
| 9.7 Procedure for Keeping Records of Radionuclide |[ ] [ ]  Enter text. |
| 9.8 Quality Assurance Program |[ ] [ ]  Enter text. |
| 9.9 Procedure for Radiation Surveys (dose rate and contamination monitoring) |[ ] [ ]  Enter text. |
| 9.10. Leak Testing Program |[ ] [ ]  Enter text. |
| 9.11 Operating Procedures |[ ] [ ]  Enter text. |
| 1. Operation of the irradiator, including entering and leaving the radiation room
 |[ ] [ ]  Enter text. |
| 1. Use of personnel dosimeters
 |[ ] [ ]  Enter text. |
| 1. Surveying the shielding of panoramic irradiators
 |[ ] [ ]  Enter text. |
| 1. Monitoring pool water for contamination while the water is in the pool and before release of pool water to unrestricted areas
 |[ ] [ ]  Enter text. |
| 1. Leak testing of sources
 |[ ] [ ]  Enter text. |
| 1. Operational inspection and maintenance checks required by Section 40
 |[ ] [ ]  Enter text. |
| 1. Loading, unloading and repositioning sources, if the operations will be performed by the licensee
 |[ ] [ ]  Enter text. |
| 1. Inspection of movable shielding required by Section 24 (a) (8), if applicable.
 |[ ] [ ]  Enter text. |
| 9.12 Management of Disused Radioactive Sources and Radioactive Waste |[ ] [ ]  Enter text. |
| 9.13 Security of Radioactive Sources |[ ] [ ]  Enter text. |
| 9.14 Emergency Planning, Preparedness and Response including Conduct of Drill |[ ] [ ]  Enter text. |
| * 1. Safety and Security during Transport of Radioactive Materials
 |[ ] [ ]  Enter text. |
| * 1. Decommissioning Plan
 |[ ] [ ]  Enter text. |
| * 1. Recordkeeping
 |[ ] [ ]  Enter text. |

**10.0 SECURITY OF IRRADIATOR FACILITY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attached** | **NA** | **Remarks** |
| 10.1 Security Plan  |[ ] [ ]  Enter text. |

11.0 APPLICATION AND LICENSE FEES

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICATION FEE:** | Enter text.  | Official Receipt No.: | Enter text.  |
|  |  | Date: | Enter text.  |
| **LICENSE FEE:** | Enter text.  | Official Receipt No.: | Enter text.  |
|  |  | Date: | Enter text.  |

12.0 CERTIFICATION:

The applicant understands that all statements and representations made in this application are binding upon us. Further, the applicant and any official executing this certification on behalf of the applicant certify that this application is prepared in conformity with the applicable requirements in the Code of PNRI Regulations and that all information contained herein is true and correct to the best of our knowledge and belief.

|  |
| --- |
|   |
|  |
| Signature of Certifying Official |
|  |
| Enter text. |
| Name of Certifying Official |
|  |
| Enter text. |
| Title/Position |
|  |
| Enter text. |
| Date |

13.0 ACKNOWLEDGEMENT

{Republic of the Philippines}

{ }

Before me, a Notary Public for and in the above jurisdiction, personally appeared the following persons:

Name Name

CTC No. CTC No.

Date/Place Issued Date/Place Issued \_

both known to me to be the same persons who executed the foregoing application and all attachments, and acknowledged to me the same to be their free and voluntary act and deed.

Notary Public

Doc. No. Page No.

Book No. \_ Series of

ATTACHMENT A

TRAINING AND EXPERIENCE OF PROPOSED RADIATION SAFETY OFFICER (RSO) AND ASSISTANT RSO

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME**: | Enter text.  |  | Shape  Description automatically generated with low confidence |
| **NAME OF COMPANY**: | Enter text.  |  |
| **EDUCATIONAL DEGREE:** | Enter text.  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **TRAINING IN RADIATION SAFETY**

(Enclose certificates of training and use additional sheets if necessary.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Field of Training** | **Location of Training** | **Date of Training** | **Duration of Training (Hours)** |
| **Lecture** | **Laboratory** | **On-the-Job** |
| a. Radiation Physicsand Instrumentation | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| b. Radiation Safety | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| c. Mathematics Pertaining to theUse and Measurement of Radioactivity | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| d. Security of RadioactiveSources/Facility | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| e. Nuclear Regulationsand Licensing | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

1. **EXPERIENCE WITH OPERATION AND USE OF IRRADIATOR FACILITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specification (**Brand Name,Model/Serial Numbers) | **Radioisotopes Produced**(Element & Mass No.) | **Where Experience Was Gained** | **Duration of Experience** | **Type of Use** |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

1. **CERTIFICATES OF RELEVANT TRAININGS/EXPERIENCES** (Submit certificates of relevant trainings & experience.)

|  |  |  |
| --- | --- | --- |
| **Title of Training** | **Place of Training** | **Date of Training** |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

|  |  |
| --- | --- |
|  | **Signature of Proposed RPO/ARPO** |
|  |  |
| Date: | Enter text.  |

ATTACHMENT B

TRAINING AND EXPERIENCE OF PROPOSED AUTHORIZED OPERATORS

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME**: | Enter text.  |  | Shape  Description automatically generated with low confidence |
| **NAME OF COMPANY**: | Enter text.  |  |
| **EDUCATIONAL DEGREE:** | Enter text.  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **TRAINING IN RADIATION SAFETY**

(Enclose certificates of training and use additional sheets if necessary.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Field of Training** | **Location of Training** | **Date of Training** | **Duration of Training (Hours)** |
| **Lecture** | **Laboratory** | **On-the-Job** |
| a. Radiation Physics | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| b. Radiation Safety | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| c. Radiation Detectioninstrumentation | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| d. Radiation Protection | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| e. Security of RadioactiveSources/Facility | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| f. Nuclear Regulationsand Licensing | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

1. **EXPERIENCE IN THE OPERATION AND USE OF IRRADIATOR FACILITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specifications (**Brand Name, Model/SerialNumbers) | **Radioisotopes Produced** (Element & MassNo.) | **Max. Activity Produced**(Bq) | **Where Experience was Gained** | **Duration of Experience** (Months) |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

1. **CERTIFICATES OF RELEVANT TRAININGS/EXPERIENCES** (Submit certificates of relevant trainings & experience.)

|  |  |  |
| --- | --- | --- |
| **Title of Training** | **Place of Training** | **Date of****Training** |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

|  |  |
| --- | --- |
|  | **Signature of Proposed Authorized Operator** |
|  |  |
| Date: | Enter text.  |

ATTACHMENT C

TRAINING AND EXPERIENCE OF PROPOSED AUTHORIZED TECHNICAL STAFF

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME**: | Enter text.  |  | Shape  Description automatically generated with low confidence |
| **NAME OF COMPANY**: | Enter text.  |  |
| **EDUCATIONAL DEGREE:** | Enter text.  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **TRAINING IN RADIATION SAFETY**

(Enclose certificates of training and use additional sheets if necessary.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Field of Training** | **Location of Training** | **Date of Training** | **Duration of Training (Hours)** |
| **Lecture** | **Laboratory** | **On-the-Job** |
| a. Radiation Physicsand Instrumentation | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| b. Radiation Safety | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| c. Radiation Detection &Measurement | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| d. Security of RadioactiveSources/Facility | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| e. Nuclear Regulationsand Licensing | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

1. **EXPERIENCE IN PRODUCT HANDLING IN AN IRRRADIATOR FACILITY** (List laboratory facilities and equipment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specifications (**Brand Name, Model/SerialNumbers) | **Radioisotopes Produced**(Element & Mass No.) | **Max. Activity Produced**(Bq) | **Where Experience was Gained** | **Duration of Experience** (Months) |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

1. **CERTIFICATES OF RELEVANT TRAININGS/EXPERIENCES** (Submit certificates of relevant trainings & experience.)

|  |  |  |
| --- | --- | --- |
| **Title of Training** | **Place of Training** | **Date of****Training** |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

|  |  |
| --- | --- |
|  | **Signature of Proposed Technical Staff** |
|  |  |
| Date: | Enter text.  |