

Form B

Radioactive Waste Treatment Facility Operating Personnel Certificate Replacement and
Renewal Application

Name :	Sex :	Date of Birth :
ID Number :		
Education :		
Organization :		Title :
Work Address : □□□	Phone : ()	
Postal Address : □□□	Phone : ()	
Type of Application : <input type="checkbox"/> Senior Operator <input type="checkbox"/> Operator		
<p>Required Documents :</p> <p>1. <input type="checkbox"/> The original certificate number : Expiration Date : (mm/dd/yyyy)(please attach a photocopy)</p> <p>2. <input type="checkbox"/> Total re-training hours _____ (at least 60 hours in the last six years) Total number of photocopies of proof documents _____ (fill out the re-training courses in Appendix, and attach a photocopy of proof documents)</p> <p>3. <input type="checkbox"/> ID card (please attach a photocopy)</p> <p>4. <input type="checkbox"/> One two-inch photo</p> <p>5. <input type="checkbox"/> Money order of \$1000 (review fee)</p>		
<p>Notes :</p> <p>1. The NT \$1000 review fee should be paid via domestic postal money order, made payable to: Nuclear Safety Commission. Once the application is approved, a certificate fee of NT \$1000 will be collected from the applicant.</p> <p>2. For all the above documents, photocopies of required documents should be submitted. The applicant will be liable if the photocopy and the original document do not match or are forged. The photocopies of proof documents will not be returned to the applicant after review.</p> <p>Applicants should note that the operator certificate takes 30 days to issue.</p>		
Review Results : (Filled by Review Officer)		

Applicant : _____ (Signature)

Date of Application : _____ (mm/dd/yyyy)

Form B – Appendix

Radioactive Waste Treatment Facility Operating Personnel Re-training Courses and Hours

Applicant :	Date : _____ (mm/dd/yyyy)
Type of Application : <input type="checkbox"/> Senior Operator <input type="checkbox"/> Operator	
1. <input type="checkbox"/> Total re-training hours _____ Total number of photocopies of proof documents _____	
Training Course 01 :	Hours : hours
Training Course 02 :	Hours : hours
Training Course 03 :	Hours : hours
Training Course 04 :	Hours : hours
Training Course 05 :	Hours : hours
Training Course 06 :	Hours : hours
Training Course 07 :	Hours : hours
Training Course 08 :	Hours : hours
Training Course 09 :	Hours : hours
Training Course 10 :	Hours : hours
Training Course 11 :	Hours : hours
Training Course 12 :	Hours : hours
Training Course 13 :	Hours : hours
Training Course 14 :	Hours : hours
Training Course 15 :	Hours : hours
Training Course 16 :	Hours : hours
Training Course 17 :	Hours : hours
Training Course 18 :	Hours : hours
Training Course 19 :	Hours : hours
Training Course 20 :	Hours : hours
<input type="checkbox"/> Page ____ of ____	

Note: This form may be modified or copied for extended use.