**Application for Genetic Recombination Experiment Worker and Letter of Declaration**

 Date: (mm/dd/yyyy)

To: Director of Safety Office

Japan Synchrotron Radiation Research Institute

 I apply for Genetic recombination experiment worker management as follows.

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| Person to be registered | Name |  |
| Affiliation |  |
| Division, Position |  （grade if student; ） |
| User ID number |  |
| Contact information of the person to be registered | Address | (ZIP code ) |
| Telephone (extension) |   |
| E-mail |  |
| Experience in experiments on Genetic Recombination | ( )Yes ( )No（if yes, specify the species and the period: ） |
| Experience in experiments on Microorganisms | ( )Yes ( )No（if yes, specify the species and the period: ） |
| **Period (till the end of an Japanese fiscal year)** | **until 31 / March / 20\_ \_** |
| Place of the experiment |  |

Letter of Declaration

1. The applicant named above has received medical checkups and education as required by Items II-1 (health management) and II-2 (educational training) of the Basic Matters under the Provisions of Article 3 of the Law Concerning the Conservation and Sustainable Use of Biological Diversity through Regulations on the Use of Living Modified Organisms. The records of the medical checkups and education are kept in our institution and can be provided without delay to the Japan Synchrotron Radiation Research Institute when requested.
2. On the basis of the results of medical checkups, I have confirmed that the person can engage in genetic recombination experiments.
3. I will immediately report to the Japan Synchrotron Radiation Research Institute if the person is found unfit for genetic recombination experiments in medical checkups after the start of experiments.
4. We will comply with the laws and regulations concerning genetic recombination experiments, as well as follow the instructions for genetic recombination experiments given by the staff of the Japan Synchrotron Radiation Research Institute.

Name of the head of the institute 1)

1) Head of the faculty, school or institute who gives permission to this person for the Genetic Recombination experiment

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| ( )First time ( )Re-registration(if so, the date of previous registration ) |
| Registered on |  | Safety Office |  | General Administration Div. |  | Received on |  |