ENTRY INTO DOSIMETRY PROGRAM (EIDP) (ATTACHMENT TO THIS APPLICATION IS REQUIRED)

NNSY 6470/49 (Rev 05-09)

PART A (TO BE COMPLETED BY REQUESTING AUTHORITY)

NAME (LAST, FIRST, MIDDLE INITIAL)	SHIPYARD IDENTIFICATION NUMBER *(MILITARY AND CIVILIAN)*	SHOP OR CODE	GENDER ☐ MALE ☐ FEMALE
SOCIAL SECURITY NUMBER	DATE OF BIRTH (EX: 26-JUN-1979)	POSITION TITLE & GRADE (OR MILITARY RANK/RATE)	
☐ CIVILIAN EMPLOYEE ☐ ACTIVE DUTY MILITARY	POINT OF CONTACT/CURRENT SUPERVISOR/PHONE NUMBER	PRIMARY WORK LOCATION ☐ NNSY ☐ NAVSTA NORVA ☐ OTHER (SPECIFY): _____	

PLEASE CHECK APPROPRIATE WORKER STATUS AND INDICATE WHICH FORM IS ATTACHED - THIS INFORMATION IS MANDATORY

☐ CONTAMINATION WORKER (MEDICAL EXAMS REQUIRED) ☐ RADIATION WORKER (MEDICAL EXAMS REQUIRED)

☐ LIMITED RADIATION WORKER (RESTRICTIONS APPLY, NO MEDICAL EXAMS)

REQUIRED ATTACHMENT(S) TO THIS APPLICATION (COPY IS ACCEPTABLE)

☐ SF-50-B *for civilian employees* ---- *or* ---- ☐ **OFFICIAL ORDERS** *for military personnel*

SIGNATURE	DATE OF REQUEST
CODE/SHOP HEAD OR NUCLEAR COORDINATOR	

PART B (TO BE COMPLETED BY EMPLOYEE)

OCCUPATIONAL RADIATION EXPOSURE HISTORY INFORMATION (USE ADDITIONAL SHEETS IF NECESSARY)

ORGANIZATION, ACTIVITY COMPANY, SCHOOL, ETC., WHERE RADIATION EXPOSURE WAS RECEIVED	SPECIFIC TASK PERFORMED WHICH REQUIRED RECEIVING OF RADIATION EXPOSURE (SPECIFY COURSE NUMBER AT SCHOOL)	DATE(S) OF EXPOSURE	TYPE MONITORING DEVICE WORN AND EXPOSURE RECEIVED (IF KNOWN)

I CERTIFY BY MY SIGNATURE THAT THE RADIATION EXPOSURE DATA GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND FURTHER, I AGREE TO NOTIFY THE RADIATION HEALTH DIVISION IF I RECEIVE OCCUPATIONAL RADIATION EXPOSURE AT ORGANIZATIONS OUTSIDE NORFOLK NAVAL SHIPYARD. I HEREBY AUTHORIZE NORFOLK NAVAL SHIPYARD TO OBTAIN RADIATION EXPOSURE HISTORY FROM MY PREVIOUS EMPLOYER(S).

EMPLOYEE'S SIGNATURE _____ **DATE** _____

PART C (CODE 105.5 ACTION)

☐ APPROVED ☐ DISAPPROVED AND RETURNED (REASON)

☐ SF-50-B NOT ATTACHED

☐ OFFICIAL ORDERS NOT ATTACHED

☐ OTHER (SPECIFY): _____

SIGNATURE OF APPROVING AUTHORITY _____ **DATE** _____

PRIVACY ACT NOTICE

Provisions of the information requested is voluntary; however, failure to supply this information may delay or prevent action. Solicitation of the Social Security Number (SSN) by the United States Civil Service Commision or other Federal Agencies is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of system of records. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names, birth dates, and whose identities can only be distinguished by SSN.

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