**Application Form for GOSAT-2 Product Archive Authorized User Registration**

Application Date: YYYY-MM-DD

Please fill out this application form and send it by e-mail to gosat-2\_desk@nies.go.jp.

|  |  |
| --- | --- |
| E-mail Address\* (Required) |  |
| User Category (Required) | [ ]  Project Staff[ ]  RA Investigator PI’s Name ( )[ ]  Science Team Member[ ]  Alliance Organization |
| Name† (Required) |  |
| Organization† (Required) |  |
| Department† (Required) |  |
| Remarks (Optional) |  |

\* Please note that the first letter may be capitalized.

† The information is used only to confirm that the applicant has the right to be an authorized user.