FORM 3

Regulation 17 (2)

Application Form for Authorisation to Transfer Radioactive Waste to the Radioactive Waste Management Facility

Application Form (AEC/RWMF/01)			
1. Name and address of the organisation			
Name:			
Address:			
Name of the legal person:		Title:	
E-mail:		Tel:	

2. Details of the Radiation Safety Officer	
Name:	
Contact:	
Email address:	

3. Information on the radioactive waste to be transferred to the RWMF				
Type of radioactive waste				
Manufacturer:				
Device type:	(e.g. soil density, level gauge)			
Serial number:				
Current licence no.	(Licence from AEC)			
Device documentation included:	Yes		No	
Dose rate at surface:				
Dose rate at 1m:				
Unit dimensions:				
Estimated weight (kg):				
Duration under storage:				
Year of import:				

4. Source(s) Information							
No. of DSRS in the device							
Sources certificates attached:		Yes			No		
Source leaking?		Yes			No		
Source/unit contaminated?		Yes			No		
#	**Nuclide**	**Activity (GBq)**	**Activity date**	**Model**	**Serial number**	**Manufacturer**	**Purpose**
1							
2							
3							

5. State the current security/ Physical security measures at the facility

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6. User declaration:			
I hereby confirm that this information is correct and provided all the information that is available to me in my knowledge			
Name	Position	Signature	Date

Attachments

1. Original source certificates
2. Storage area design/ layout
3. Photo of source (s)

FOR OFFICIAL USE ONLY			
	By	Date	Signature
Received:			
Evaluated:			
General Remarks and/ or Comments:			

ANNEX1

DETAILS OF THE DISUSED SEALED RADIOACTIVE SOURCES

#	Radiation Sources	Activity	Activity date	Model	Serial Number	Manufacturer/ Supplier	Previous use	Place/ location currently stored	General remarks