FORM 6

Regulation 47 (3)

Application for Authorisation to Transport/Store Naturally Occurring Radioactive Material at Facilities

GENERAL INFORMATION

1. Name of applicant (facility): _____

Physical address	Postal Address	Email Address

2. (a) Name and address of Radiation Safety Officer

_____

(b) Telephone Number: _____ E-mail address:_____

(c) Qualification: _____

(d) Experience: _____

3. The representative of the applicant:

Name: _____Telephone number: _____

Title:_____e-mail address: _____

4. Give the details of the transport vehicle number, company and personnel for the conveyance of NORM will be required

_____

_____

5. Valid or previous permit of Applicant *(if not applying for the first time)*.

_____

_____

6. Describe the purpose of the intended transport of NORM within or into Country (i.e., Sale, Loan, nominal operations in new area, import /Export consignment etc.

_____

_____

7. Describe the packaging measures and methods made to comply with safety and transport requirements as per Regulations

_____

_____

_____

_____

8. Give a detailed of the preparations made with regards to Safety for premises at end point or establishment (if transport is within the country) where the equipment or NORM will be stored, managed or used).

_____

_____

_____

_____

9. Describe your emergency plan and preparedness procedures

_____

_____

_____

10. Describe the packaging measures and methods made to comply with safety and transport requirements

_____

_____

_____

DECLARATION

I, _____ *(name)* Certify that all the information given herein is true and correct to the best of my knowledge.

Date: _____ *Signature of applicant:* _____

FOR OFFICIAL USE ONLY

Notification No:

	By	Date	Signature
Received:			
Evaluated:			

General Remarks and/
or Comments: