

SCHEDULE 1

Regulation 16(3)(a)

ATOMIC ENERGY COUNCIL,  
P.O. Box 7044,  
Kampala.



THE REPUBLIC OF UGANDA

ATOMIC ENERGY  
FORM 7 (AEF 7)

THE ATOMIC ENERGY ACT No. 24 of 2008

FORM 7

APPLICATION FOR AUTHORISATION TO SELL, TRANSFER, LOAN  
OR LEASE A RADIATION SOURCE

1. Type of Authorization

Please tick

New application

Renewal of authorization number: \_\_\_\_\_

2. Name and address of applicant:

<i>Main address</i>	<i>Mailing address (if different)</i>	<i>Address of use (if different)</i>

3. Name and information about qualified experts:

1-Expertise: Radiation safety officer      2- Expertise: \_\_\_\_\_

Name: \_\_\_\_\_      Name: \_\_\_\_\_

Qualification: \_\_\_\_\_      Qualification: \_\_\_\_\_

Experience: \_\_\_\_\_      Experience: \_\_\_\_\_

Telephone number: \_\_\_\_\_      \_\_\_\_\_

4. The representative of the applicant (where applicable):

Name: \_\_\_\_\_      Telephone number: \_\_\_\_\_

Title: \_\_\_\_\_      E-mail address: \_\_\_\_\_

5. State the practice for which the radioactive material(s) is used for (e.g. Treatment, Diagnostic, NDT, Gauging, Logging, Biological Irradiation etc.)  
\_\_\_\_\_
6. Valid licence or Registration No. for possession and use of radioactive materials by Applicant (if applicable) wishing to sell/transfer source in the Country.  
\_\_\_\_\_
7. Valid licence or Registration No. for Possession and use of radioactive materials by prospective recipient in Uganda.  
\_\_\_\_\_
8. Type of Radioactive Materials to be transported:-
- a. Sealed radioactive Materials (Equipment):  
\_\_\_\_\_
  - b. Radioactive Materials for use as Unsealed sources:  
\_\_\_\_\_
9. Describe the purpose of the intended sell/transfer of the radioactive materials within or into country:-  
\_\_\_\_\_  
\_\_\_\_\_  
*(Sale, loan, normal operations in new area, Import/Export consignment, radiowaste to CRWMF etc.)*
10. Give details of the preparations made with regards to safety for premises at end point or establishment (if sell or transfer is within the country) where the equipment or radioactive materials will be stored, managed or used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Attach a description of your emergency plan and preparedness procedures:—

12.

**DECLARATION**

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

*Date:* \_\_\_\_\_ *Signature of applicant:* \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>			
Permit No:			
	By	Date	Signature
Received:			
Evaluated:			
General Remarks and/or Comments:			