



**SCHEDULE 1
FORM 8**

APPLICATION FOR AUTHORIZATION TO TRANSPORT RADIOACTIVE MATERIALS

1. Type of Authorization:

Please tick

New application

Renewal of authorization number:.....

2. Name and address of applicant:

Main address	Mailing address (if different)	Address of use (if different)

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

(b.) Telephone Number..... Email address.....

(c.) Qualification.....

(d.) Experience.....

4. The representative of the applicant:

Name Telephone Number.....

Title..... Email address.....

5. Purpose for which the radioactive materials will be used for (i.e. practice: Treatment, Diagnostic, NDT, Gauging, Biological irradiation etc):
.....

6. Valid or previous permit of Applicant (if not applying for first time):
.....

7. Valid license or Registration No. For possession and use of radioactive materials by Applicant (If applicable) intending to transport source in the Country:

.....
.....
8. Valid license or Registration No. For possession and use of radioactive materials by prospective recipients in Uganda:
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.....

9. Type of radioactive materials to be transported:
(a.) Sealed radioactive materials (Equipment):
.....

(b.) Radioactive materials for use as sealed sources:
.....

10. Describe the purpose of the radioactive materials within or into Country: (Sale, loan, normal operations in new area, import/Export consignment etc.):
.....
.....

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

12. Describe the package details as established for compliance with transport Regulations:
.....
.....

13. Planned means of transport within Country (e.g. from exit/entry point to the establishment i.e. air, road, rail, sea etc.):
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14. Give details of vehicle, company and personnel responsible for conveyance of the radioactive material package (s):
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.....

15. Give details of the preparations made with regards to safety for premises at the end point or establishment (if transport is within the country) where the equipment or radioactive materials will be stored, managed or used:
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.....

16. Describe your emergence plan and your preparedness procedures:
.....
.....

17. Declaration: (name) **Certify that all the information given herein is true and correct to the best of my knowledge.**

Date:..... **Signature:**.....

For Official Use Only			
Registration No.			
	By	Date	Signature
Received:			
Evaluated:			
General Remarks and/or Comments			