

GOVERNMENT OF MALAŴI MINISTRY OF NATURAL RESOURCES, ENERGY AND MINING ENVIRONMENTAL AFFAIRS DEPARTMENT

APPLICATION FOR A LICENCE TO IMPORT RADIOACTIVE SOURCES (NON-MEDICAL) In terms of Section 22 of Atomic Energy Act No. 16 of 2011

- Complete this application form in block letters and return it duly signed with the fee.

| l. | Status of the applicant (please tick one): |
|----|---|
| | Juristic Person Natural Person |
| 2. | Full name of applicant/licensee: |
| | |
| 3. | Physical address/location of head office of applicant/licensee: |
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| | |
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| ١. | Postal address of applicant/licensee and proof of address (please attach utility bill or equivalent): |
| 1. | equivalent): |
| • | |

|). | Name of Responsible Legal Person: | | | | | |
|-----------|--|--|--|--|--|--|
| | Designation: | | | | | |
| | Tel: Fax: | | | | | |
| | il: | | | | | |
| | Name of Radiation Protection Officer: | | | | | |
| | Designation: | | | | | |
| | Tel: Fax: | | | | | |
| | E-mail: | | | | | |
| | Company Registration Number in Malaŵi if the applicant is a Juristic Person or passport number and date of birth if applicant is a Natural Person (certified copy of certificate of incorporation of founding documents or any other establishing documents must be provided for juristic persons and copy of passport for natural persons): | | | | | |
| | Point and route of entry of radioactive source(s) into Malaŵi: | | | | | |
|). | Name of individual/company supplying the radioactive source(s): | | | | | |
| | Physical address of individual/company supplying the radioactive source(s): | | | | | |
| 2. | Postal address of individual/company supplying the radioactive source(s): | | | | | |
| | Tel: Fax: E-mail: | | | | | |
| 3. | Expected date of arrival of radioactive source(s) in Malaŵi (you will be required to inform the Authority of arrival /transfer details for the monitoring of clearance and inland transport) | | | | | |

| 14. | Compliance of radioactive device(s) with recognized international standards: (i.e. is the device prototype tested, and subject to quality control provisions of standards recognized by International standards setting organizations (e.g. IEC or ISO). If so, identify the standards and any applicable classification numbers if available. |
|-----|--|
| 15. | Purpose(s) for which the radioactive source(s) will be used: |
| | |
| 16. | Location and premises where the radioactive source(s) will be stored. |
| 17. | Details of the radioactive source(s) to be imported: |

| Name of Equipment | Manufacturer | Model | Serial Number | Radionuclide (e.g. Cs 137) | Activity (Bq) & Date |
|----------------------|--------------|-------|------------------|----------------------------|-------------------------|
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NOTES:

- a) "Juristic Person" means an institution, corporation or company submitting the application.
- b) "Natural Person" means an individual submitting an application for personal purposes.
- c) "Responsible Legal Person" means the head of the institution, corporation or company submitting the application *e.g. Executive Director* in the case of Juristic Person applications, and the responsible individual in the case of Natural Person applications.
- **d**) "Applicant/Licensee" means the institution, corporation or company submitting the application in the case of Juristic Person applications, and the responsible individual in the case of Natural Person applications.
- e) "Use" means to possess, store, manufacture, sell, operate, import, export or any other meaning given in legislation.
- f) "Radioactive Source" means radioactive material that is unsealed or permanently sealed in a capsule or closely bonded, in a solid form and which is not exempt from regulatory control and includes any radioactive material released through breakage or leaking of such a source. It does not include nuclear material or material encapsulated for disposal.

INSTRUCTIONS:

- 1) Please refer to the Atomic Energy Act No.16 of 2011 and Atomic Energy Regulations 2012 for more information.
- 2) Return the completed and signed form to:

ENVIRONMENTAL AFFAIRS DEPARTMENT, LINGADZI HOUSE, CITY CENTRE, PRIVATE BAG 394, LILONGWE 3, MALAWI.

Telephone: +265 1 771111 Fax: +265 1 773379

DECLARATION

I declare that to the best of my knowledge the information provided in this form and accompanying documentation is true, correct and complete.

| Name and Designation/Title | Signature | |
|-----------------------------|----------------------|-----------|
| Date/// | | |
| | For official use onl | y |
| Received by (Name) | Date | Signature |
| | | |
| Fee Payable is: | | |
| Fee Paid (amount in words): | | |
| Notes: | | |
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