

AUTHORISATION RENEWAL FORM

FOR OFFICIAL USE ONLY

Institution

RAIS NO.	Application receipt date	Application evaluation date	Authorisation Number

INSTRUCTIONS

Please complete Section A providing as much detail as possible.

[Insert Text]

For electronic submissions, if the space provided on this form for any response is insufficient please submit your responses as Word or PDF document. For applications that will be mailed for submission, please submit your responses on a separate sheet of paper.

SUBMISSION OF APPLICATION

The application form, proof of payment for the application fee and all accompanying documentation can be submitted electronically to:

E-mail: licensing@rpaz.co.zw

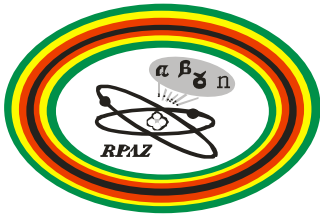
Alternatively, the application form can be printed, filled in and mailed together with the application fee and all accompanying documentation to:

Radiation Protection Authority of Zimbabwe, 1 McCaw Drive, Avondale, P.O. Box A1710, Avondale, Harare, Zimbabwe

TYPE OF LICENSE

- Authorisation to use X-Ray Equipment and Facilities
- Authorisation for (Fixed/Mobile) Gauging Detection and Other Devices
- Authorisation to use Unsealed Radioactive Sources in Medicine
- Authorisation to Possess and Store Ionising Radiation Equipment and Sources
- Accreditation

Current Licence Number: _____

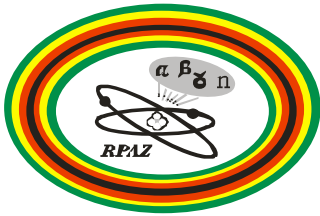


RADIATION PROTECTION AUTHORITY OF ZIMBABWE

"...protecting the people and environment against radiation effects..."

SECTION I: APPLICANT INFORMATION

A.1	Applicant Information	
	Applicant	
	Head of Institution	
	Position	
	Address, Physical	
	Postal	
A.2	Representative of the Legal Person	
	Name	
	Position	
	Telephone	
	E-mail	
A.3	Financial Contact Person	
	Name	
	Position	
	Telephone	
	E-mail	
A.4	Radiation Safety Officer (RSO)	
	Name	
	Telephone	
	E-mail	



RADIATION PROTECTION AUTHORITY OF ZIMBABWE

"...protecting the people and environment against radiation effects..."

SECTION II: CHANGES TO PREVIOUS APPLICATION

RELEVANT APPLICATION SECTIONS

ANY CHANGES

Section B: SOURCE DETAILS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Notes:				
Section C: FACILITY DETAILS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Notes:				
Section D: RADIATION PROTECTION PROGRAM <i>Plans and arrangements for managing safety</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Notes:				

DECLARATION

(To be signed by the representative of the legal person)

I hereby declare that the information provided on this form and in support of this application is complete and true and that I have read and understood the *Radiation Protection Act [Chapter 15:15]*. I understand that all statements and representations made in this application and on supplementary documentation are binding to the applicant. I also understand that the Authority may require additional information to consider this application prior to issuing a license.

Name: _____

Signature: _____ Date: _____

[END OF APPLICATION]