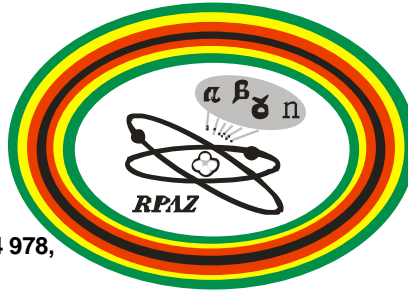


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RPA-AUTH/FRM-09/ACC/13

**RADIATION PROTECTION AUTHORITY OF ZIMBABWE**  
**RADIATION PROTECTION ACT [CHAPTER 15:15]**

- INSTRUCTIONS: (i) Provide ALL the requested information  
(iii) Tick appropriate box.  
(iv) (iv) Use separate sheets where necessary.

*NOTE: The Authority may require additional information to fully consider this application prior to issuing a license*

**APPLICATION FOR ACCREDITATION**

**1. GENERAL INFORMATION**

(a) Details of applicant:

(i) Head of Institution applying for licence.....

(ii) Name of Institution Applying for licence.....

(iii) Address.....  
.....

(v) Telephone.....

(vi) Fax.....

(vii) E-mail.....

(b) Type of license Application: New  Amendment  renewal

(c) Valid/ Previous licence no. (If not new Practice)

Licence No. ....

## 2. ACCREDITATION DETAILS

Please tick the category you wish to be accredited in;

Category	
Trainers	<input type="checkbox"/>
Maintenance, installations and repair	<input type="checkbox"/>
Suppliers of medical equipment	<input type="checkbox"/>
Suppliers of industrial equipment	<input type="checkbox"/>
Installations only medical equipment	<input type="checkbox"/>
Installations only industrial equipment	<input type="checkbox"/>
Radiation protection consultancy	<input type="checkbox"/>

Please refer to SI 134 OF 2012 for the relevant fees applicable

## 3. QUALIFICATIONS AND EXPERIENCE DETAILS

Please attach copies of company registration certificates, educational and professional qualifications where necessary , including any relevant registration, accreditation or training courses to support your application.

NB: All copies must be certified.

## 4. DECLARATION:

I..... Certify that I have read and understood the Radiation Protection Act.....and that the information given is true and correct.

Date: ..... Signature of Applicant.....

\* *It is an offence in terms of the Radiation Protection Act [Ch 15:15 ] Section 20 (1)(d) and (e) to withhold any information to the ownership or management of a radiation source or give information which he knows to be untrue or has no reason to believe to be true.*

Before sending your application, please ensure:

- All relevant information has been supplied including a copy of your curriculum vitae
- Certified copies of required qualifications are attached
- The relevant fee has been paid
- The form has been signed

**For Official Use Only**

(i) Date at which Application form was received: .....

(ii) Date at which the Application was evaluated: .....

(iii) Licence/ Registration No.: .....

(iv) General remarks and/or comments:

.....  
.....  
.....  
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