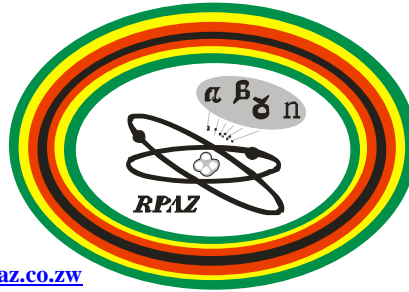


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**RADIATION PROTECTION AUTHORITY OF ZIMBABWE**  
**RADIATION PROTECTION ACT [CHAPTER 15:15]**

- INSTRUCTIONS: (i) Provide ALL the requested information  
(ii) Information in item numbers 2 to 3 should be provided for each equipment/facility.  
(iii) Tick appropriate box.  
(iv) Use separate sheets where necessary.

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

**CONFISTICATION OF RADIOACTIVE DEVICE(S)/ MATERIAL(S)**

**1. GENERAL INFORMATION**

- (a) Name and Address of institution: .....
- .....
- .....
- (b) Head of Institution .....
- (c) Town / Country.....
- (d) Telephone.....
- (e) Fax..... (f) E-mail.....

**2. DETAILS OF CONFISTICATED EQUIPMENT/DEVICES/MATERIALS**

- a) Detailed description of the radioactive contents, their physical and chemical states and the nature of the radiation emitted
- .....
- .....

.....  
b) Purpose for which the radiation devices/material was used for;  
.....  
.....

c) Give the following details where applicable:

Radionuclide (s)	
Maximum activity	
Physical / Chemical form	
Serial number	
Model number	

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

### 3. TRANSPORTATION OF SOURCES/ DEVICES

a) Details of the mode(s) of transport of source e.g. road, rail, air, inland water way or sea;  
.....  
.....

b) Description of the packaging identification containment system;  
.....  
.....  
.....

### 4. CONFISTICATION DETAILS

a) Date and Location where devices/materials have been confisticated;  
.....  
.....  
.....

b) Reasons for confistication;  
.....  
.....  
.....  
.....  
.....

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

Any other Information

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

**5. DECLARATION:**

I..... Certify that the above mentioned equipment /material in my custody as detailed in Section 2 (c) of this form has been confiscated by RPAZ for further investigations.

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

I.D number: .....

**REPRESENTATIVE OF RPAZ:**

Name and Title: .....

.....

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

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