



RADIATION PROTECTION AUTHORITY OF ZIMBABWE

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

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, 18 Armadale Road, Borrowdale, 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 Ionizing Radiation Equipment and Sources
- Accreditation

NB: The following documents should be attached to this form:

- (i) Certificate of radiation safety training for the Radiation Safety Officer (RSO) – Applicable to all facilities
- (ii) Radiation Protection Program (If it was not submitted on first application) – Applicable to all facilities.
- (iii) Allied Health Practitioners Council of Zimbabwe (AHPCZ) current/valid practicing certificates – For all applicable professions in radiology/radiotherapy/nuclear medicine practices only.
- (iv) Accreditation returns – Mandatory for all accreditation renewals (supply, maintenance, repair of all radiation generating equipment)

Radiation Protection Authority of Zimbabwe; 18 Armadale Road, Borrowdale, Harare, Zimbabwe.

Tel: +263-4-335 792/627/683, 304 982/978, 308 006; Email: officialmail@rpaz.co.zw, licensing@rpaz.co.zw



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SECTION I: APPLICANT INFORMATION											
A.1	Applicant Information										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Applicant</td> <td style="height: 30px;"></td> </tr> <tr> <td style="padding: 5px;">Head of Institution</td> <td style="height: 30px;"></td> </tr> <tr> <td style="padding: 5px;">Position</td> <td style="height: 30px;"></td> </tr> <tr> <td style="padding: 5px;">Address, Physical</td> <td style="height: 100px;"></td> </tr> <tr> <td style="padding: 5px;">Postal</td> <td style="height: 30px;"></td> </tr> </table>	Applicant		Head of Institution		Position		Address, Physical		Postal	
Applicant											
Head of Institution											
Position											
Address, Physical											
Postal											
A.2	Representative of the Legal Person										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Name</td> <td style="height: 30px;"></td> </tr> <tr> <td style="padding: 5px;">Position</td> <td style="height: 30px;"></td> </tr> <tr> <td style="padding: 5px;">Telephone</td> <td style="height: 30px;"></td> </tr> <tr> <td style="padding: 5px;">E-mail</td> <td style="height: 30px;"></td> </tr> </table>	Name		Position		Telephone		E-mail			
Name											
Position											
Telephone											
E-mail											
A.3	Financial Contact Person										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Name</td> <td style="height: 30px;"></td> </tr> <tr> <td style="padding: 5px;">Position</td> <td style="height: 30px;"></td> </tr> <tr> <td style="padding: 5px;">Telephone</td> <td style="height: 30px;"></td> </tr> <tr> <td style="padding: 5px;">E-mail</td> <td style="height: 30px;"></td> </tr> </table>	Name		Position		Telephone		E-mail			
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Position											
Telephone											
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A.4	Radiation Safety Officer (RSO)										
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SECTION II: CHANGES TO PREVIOUS APPLICATION

RELEVANT APPLICATION SECTIONS

ANY CHANGES

Section B: SOURCE DETAILS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Notes:

Section C: FACILITY DETAILS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Notes:

Section D: RADIATION PROTECTION PROGRAM	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Plans and arrangements for managing safety

Notes:

Section E: PAYMENT DONE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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IF YES PLEASE ATTACH PROOF OF PAYMENT

After payment, please send the proof to:

jgudyanga@rpaz.co.zw or lmoyo@rpaz.co.zw or lgorondono@rpaz.co.zw

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]

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