

18 Armadale
Borrowdale
Phone: +263 4 2932098-100
Harare
Zimbabwe Phone: +263 4 335 792, 304 982, 304 978,
+263 4 335 627, 335683, 308 006
E-mail: licensing@rpaz.co.zw



RPA-AUTH/FRM-09/ACC/13

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

INSTRUCTIONS: Provide ALL the requested information

- (i) Tick appropriate box.
- (ii) Use separate sheets where necessary.
- (iii) Provide all documentation requested under section 3 of the application form.

NOTE

- (i) *The Authority may require additional information to fully consider this application prior to issuing a license.*
- (ii) **FOR RENEWALS, THE FOLLOWING INFORMATION IS NEEDED BI-ANNUALLY**

Returns (A complete list of all radiation generating equipment supplied, calibrated, repaired, or maintained. The following information shall be presented:

- *Name of facility where equipment was supplied, maintained, calibrated, or repaired.*
- *Model number of the machine.*
- *Serial number of the device.*

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) E-mail

(b) Type of license Application: New Amendment renewal

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: