

AUTHORISATION RENEWAL FORM – ALL FACILITIES

FOR OFFICIAL USE ONLY

Institution

RAIS NO.	Application receipt date	Application evaluation date	Authorisation Number

INSTRUCTIONS

Please complete ALL SECTIONS providing as much detail as possible.

For electronic submissions, if the space provided on this form for any response is insufficient, please submit your responses on a separate Word or PDF document.

SUBMISSION OF APPLICATION

The completed application form, proof of payment and all accompanying documentation to be submitted electronically to:

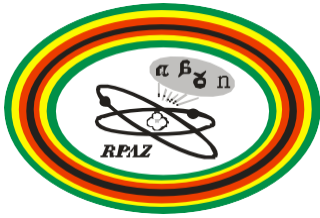
E-mail: licensing@rpaz.co.zw or ctichareva@rpaz.co.zw or cmangani@rpaz.co.zw or lgorondondo@rpaz.co.zw

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 (AHP CZ) current/valid practicing certificates – For all applicable professions in radiology/radiotherapy/nuclear medicine practices only.*
- (iv) Accreditation returns – Mandatory for all accreditation applications and renewals (supply, maintenance, repair of all radiation generating equipment)*



RADIATION PROTECTION AUTHORITY OF ZIMBABWE

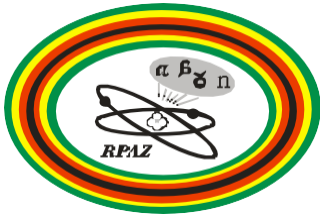
"...protecting the people and environment against radiation effects..."

SECTION I: APPLICANT INFORMATION

A.1	Applicant Information	
	Name of Institution applying for license	
	Head of Institution applying for license	
	Position	
	Institution Physical Address	
	Postal Address	
A.2	Financial Contact Person	
	Name	
	Position	
	Telephone	
	E-mail	
A.3	Person responsible for Radiation Safety	
	Name	Position
	Telephone	
	E-mail	

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

Tel: (0242) 335627/ (0242) 304982 Email: licensing@rpaz.co.zw



RADIATION PROTECTION AUTHORITY OF ZIMBABWE

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

SECTION II: INVENTORY INFORMATION

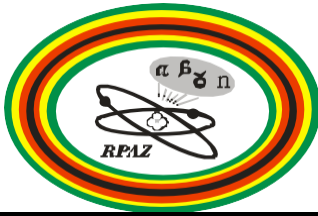
Section B: SOURCE DETAILS

List all radiation generating and emitting equipment in the table below.
Where necessary, attach any extra sheets to this form.

	Type of device (e.g. Fixed Xray, Mobile Xray, Mammography)	Model Number	Serial Number	Manufacturer	Equipment Status W- working NW- not working
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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SECTION III : CHANGES TO PREVIOUS APPLICATION	ANY CHANGES	
Section C: FACILITY DETAILS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Provide any details of changes to the facility (i.e. address, personnel etc.) if any.		
Section D: IMPORTS/EXPORTS/TRANSFERS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Provide details of all equipment imported/exported/transferred if any.		
Section E: RADIATION PROTECTION PROGRAM	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Attach updated program if any.		
Section F: PAYMENT DONE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes please attach proof of payment		
<p style="color: red; margin: 0;">After payment, please send the proof to:</p> <p style="margin: 0;"> lgorondondo@rpaz.co.zw OR ctichareva@rpaz.co.zw OR cmangani@rpaz.co.zw OR jgudyanga@rpaz.co.zw </p>		

DECLARATION (To be signed by the Head of Institution or the legal person)
<p>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 <i>Radiation Protection Act [Chapter 15:15]</i>. 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.</p> <p>Name: _____</p> <p>Signature: _____ Date: _____</p>

[END OF APPLICATION]