APPLICATION TO IMPORT/EXPORT RADIATION SOURCES AND DEVICE(S)

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 lgorondondo@rpaz.co.zw or ctichareva@rpaz.co.zw or cmangani@rpaz.co.zw

Physical Address: Radiation Protection Authority of Zimbabwe;160 Baines Avenue, Harare, Zimbabwe

Telephone: (0242) 335627/ (0242) 304982

TYPE OF LICENSE

☐ Radiation sources (Nuclear medicine sources, Radiopharmaceuticals, Test Sources, Nuclear gauges, fill level gauges and general gauges) and associated sources.

☐ Radiation generating devices (i.e. X-rays, XRTs, XRLs, XRDs and XRFs, Baggage Scanners, Cargo Scanners and Whole-Body Scanners).

☐ Other _____

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

(i) *For importation of radioactive sources including nuclear gauges the following mandatory documentation should be attached:*

- *Radiation source model and serial numbers and activities.*
- *Radiation source certificates.*
- *Leak test certificates.*
- *Return to supplier agreement.*

(ii) For importation of Xray machines/mammography systems/Image intensifiers (C-arm)/Bone densitometers the following mandatory documentation should be attached.

- *Technical Specifications document of the machine being imported.*

(iii) For exportation of nuclear gauges, the following mandatory documentation should be attached.

- *Import application from the country of destination of the source.*

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

- *Imports for medical sector, please refer to section 6,7 and 8.*
- *Imports for the Industrial Sector, please refer to section 9 and 10.*
- *Exporting radiation sources and devices, please refer to section 11.*

1.	Purpose of application *(Please tick where appropriate).*	☐ Medical Use ☐ Industrial Use ☐ Accreditation (Service Provision)	
2.	Name of Institution		
3.	Address of Institution		
4.	Telephone No	Cell No.	E-mail
5.	**Name and Title of the Head of Institution**		
	Full Name	Cell No.	E-mail

6. **MEDICAL**
Diagnostic/Interventional Radiology Equipment (Xray Tubes)
This section applies to:

CT scanners, Fixed/mobile/portable Xray machines, mammography machines, fluoroscopy/image intensifiers (C-arm), Bone densitometers, Dental Xray machines, Veterinary Xray machines

State all the technical details of the equipment being IMPORTED:

Device Description	
Specify the device i.e. CT scan	
Name and address of manufacturer	
Country of manufacture	
Year of manufacture	
Fixed or Mobile Xray system	
Image processing (DR or CR)	
Model number of the Xray tube (s)	
Serial number of the Xray tube(s)	
Model number of the Xray generator(s)	
Serial number of the Xray generator(s)	
Number of Xray tubes	
Maximum kVp of the machine	
Maximum mAs/mA of the machine	
Maximum power of the machine	

7.

MEDICAL
Radiotherapy Equipment and Sources
This section applies to:

Linear accelerators, teletherapy units, teletherapy sources, brachytherapy (HDR, MDR, LDR) sources

Device Description	
FOR LINEAR ACCELERATORS	
Name and address of manufacturer	
Country of manufacture	
Year of manufacture	
Model number of the machine/source	
Serial number of the machine/ source	
List all photon and electron energies of the machine	
FOR RADIATION SOURCES	
Name and address of manufacturer	
Country of manufacture	
Year of manufacture	
Model number of the machine/source	
Serial number of the machine/ source	
Type of radionuclide e.g. Co-60	
Initial activity of radionuclide	
Initial Date of Activity	
Type of installation e.g. HDR, MDR, LDR	

8.	**MEDICAL** **Unsealed Radioactive Materials (Nuclear Medicine Sources)** **This section applies to:** *Nuclear medicine sources and radiopharmaceuticals*

Device Description	
Radiopharmaceutical (Tc-99, Radium-223 chloride etc.)	
Initial activity of radionuclide	
Initial Date of Activity	
Maximum activity	
Physical form	
Chemical form	
Initial containment of the radionuclide(s)	
Use and method of application	
Radioactive waste management and method of disposal	

9.	**INDUSTRIAL** **Industrial Xray Systems** **This section applies to:** *XRFs, Xray spectrometers, Industrial Xray systems, XRTs, XRLs, XRDs, Baggage scanners, Cargo scanners, Whole Body scanners*

Device Description	
Specify the device i.e. XRF, XRT	

Name and address of manufacturer	
Country of manufacture	
Year of manufacture	
Fixed or Mobile Xray system	
Model No. of the Xray tube (s)	
Serial number of the Xray tube(s)	
Model number of the Xray generator(s) if applicable	
Serial number of the Xray generator(s) if applicable	
Number of Xray tubes	
Maximum kVp of the machine	
Maximum mA of the machine	
Maximum power of the machine	
Cost of the equipment	

10	**INDUSTRIAL** **Industrial Radioactive Sources** **This section applies to:** Moisture density gauges, fill level gauges, general nuclear gauges, calibration sources, test sources, well logging sources State all the technical details of the equipment being IMPORTED:

Device Description	
Specify the device i.e. Moisture density gauge	
Name and address of manufacturer	

Country of manufacture	
Year of manufacture	
New machine/Refurbished machine	
Radiation type (gamma, alpha, beta etc.)	
Radionuclide (Cs-137, Co-60 etc.)	
Initial activity of radionuclide **(Radionuclide No.1)**	
Initial Date of Activity **(Radionuclide No.1)**	
Initial activity of radionuclide **(Radionuclide No.2)**	
Initial Date of Activity **(Radionuclide No.2)**	
Number of sources (s)	
Model No. of apparatus	
Serial no. of apparatus	
Name and address of supplier	

11	**FOR EXPORT OF RADIOACTIVE EQUIPMENT AND SOURCES** **State all the technical details of the equipment being EXPORTED:**

Device Description	
Specify the device i.e. Xray, Gauge	
Type of device/ source being exported	
Model number of device/ sources being exported	
Serial number of device/ sources being exported	

Manufacturer of device/ source being exported	
Initial activity of source being exported if applicable	
Reason for export	
If export is temporary (e.g. for repairs), specify expected date of return	
Address of destination for export	
Port of exit	
Import permit	**Attach the Import permit from the country of destination**

12.	**TRANSPORTATION OF SOURCES/ DEVICES** *Please note that you are required to inform the Authority of the arrival/transfer details* prior to clearance of the *radiation materials for monitoring during transport)*

Means of transport out/into the country (i.e., air, road, rail, sea etc.)	
For importation, state the expected date of receipt	
Point of entry/exit into the country	
Arrangements made for transport from entry point to establishment or establishment toexit point.	

13.	**Experts** Give a list of available qualified experts who will use the equipment or radioactive materials/radiation devices.

Full Name	Qualifications	Contact Details (Cell Phone number and e-mail address.

14.	**Storage of Sources**
Physical address of the site where the machine will be stored before installation.	
Give details of the preparations made for premises at which the radioactive materials will be stored prior to installation; and used or installed:	
Give technical details of the room.	

DECLARATION
(To be signed by the Head of the Institution or 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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Date at which application form was received	
Date of evaluation	
Decision: Granted/Denied	
License/ Registration No	
General Remarks and/or Comments	

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.