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
- Other

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	

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.					

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

DECLARATION
(To be signed by the Head of 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]