

## NOTIFICATION FORM



(To be completed in triplicate)

### THE RADIATION PROTECTION AUTHORITY

NOTIFICATION FORM		
<i>For official use only</i>	Notification Number:	

<i>Information Required ( in BLOCK LETTERS )</i>	
<b>1. General Information of Applicant</b>	
Name (s) of Applicant	
Nationality	
Identity card No.	
Passport No.	
Company Name	
<b>2. Purpose of application</b> ( <i>include field of application and purpose(s) for which the radiation practices and sources are to be used</i> )	
<b>3. Company / Organisation</b>	
Name	
Physical Address	
Postal Address	
Fax:	
E-mail:	

Telephone (Office)	
Telephone (Home)	
Mobile	

4. Sources and Radiation generating equipment/ Irradiator Facility/ Accelerator (Electrical devices producing ionizing radiation )						
Manufacturer	Model	Serial Number.	Maximum power (E.g. max. radiographic kVp, mA)	Use		
5. For radioactive sources and apparatus containing radioactive substances						
Radionuclide [e.g. Co - 60]	Activity [Bq] <i>(For sealed sources include the date at which the activity applies)</i>	Use	Form <i>(solid, gas, liquid, sealed, unsealed)</i>	If the source is enclosed in a device		
				Manufacturer	Model	Serial Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Applicant's name

.....  
Date

**FOR OFFICIAL USE ONLY**

Received by:.....

	OFFICIAL STAMP
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Officer

Date Received:.....