

# Application to Import Radioactive Material

**FIRST TIME APPLICANTS: COMPLETE THE ENTIRE FORM.**

**RENEWALS: OMIT PART 6, unless changes have been made since previous application.**

**PLEASE PRINT ALL RESPONSES**

## **1. Applicant/Importer Information**

Date: (dd/mm/yyyy): / /

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parish: \_\_\_\_\_

Postal Code: **BB**

**CONTACT PERSON**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( 246) \_\_\_\_\_

Fax: (246) \_\_\_\_\_

Briefly state purpose for which material will be used: \_\_\_\_\_

## **2. Supplier Information**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**CONTACT PERSON**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

## **3. Customs Broker/ Import Agent Information**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parish: \_\_\_\_\_

Postal Code: **BB**

**CONTACT PERSON**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( 246) \_\_\_\_\_

Fax: (246) \_\_\_\_\_

## **4. Transportation Information**

Method of Import: Air  Sea

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parish: \_\_\_\_\_

Postal Code: **BB**

**CONTACT PERSON**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( 246) \_\_\_\_\_

Fax: (246) \_\_\_\_\_

**LOCAL – Company responsible for transportation from the Port of Entry**

**Company Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Parish:** \_\_\_\_\_ **Postal Code: BB** \_\_\_\_\_  
**CONTACT PERSON** **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone: ( 246)** \_\_\_\_\_ **Fax: (246)** \_\_\_\_\_

**Secondary Overland Transporter  
Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**Parish:** \_\_\_\_\_ **Postal Code: BB** \_\_\_\_\_  
**CONTACT PERSON** **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone: ( 246)** \_\_\_\_\_ **Fax: (246)** \_\_\_\_\_

**5. Material Information**

Product ID No.	Description	Physical Characteristics (S- Solid, L-Liquid, G-Gas)	Quantity (Maximum Quantity)	Activity (GBq)	Radioisotope	Calibration Date

**6. Safety<sup>1</sup> – use additional paper**

- Names & qualifications of persons who will handle the radioactive materials.
- Emergency plans to be followed in cases of accidents or crisis.
- Monitoring procedures – to be employed for radioactive materials.
- Storage location & facilities.
- Protective equipment – to be used by personnel handling the radioactive materials
- Description of containment method & material
- Proposed transportation routes for the material

**7. Proposed Method of Disposal of Used Radioactive Material**

Expected activity at the end of use:	_____ GBq
Explain method by which the material imported will be disposed:	

<sup>1</sup> The Department must be notified in writing of any changes to personnel or procedures.

**8. Declaration:**

I certify that the above information is complete and correct to the best of my knowledge. I also certify that legally-enforceable written contractual obligations have been entered into, that any applicable insurance or other financial guarantees are in force covering the transboundary movement and that all necessary authorisations have been received from the competent authorities of the States concerned.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Applicant's Stamp:**

**Date (dd/mm/yyyy):** \_\_\_\_\_

**RENEWAL APPLICATIONS SHOULD BE MADE TEN (10) BUSINESS DAYS BEFORE THE EXPIRATION OF THE CURRENT APPROVAL.**

<b>OFFICIAL USE</b>	
<b>ENVIRONMENTAL PROTECTION DEPARTMENT</b>	
<b>DATE RECEIVED:</b>	
<b>APPLICANT'S NUMBER</b>	
<b>EXPIRATION DATE:</b>	
<b>APPROVED:</b> <input type="checkbox"/>	<b>REFUSED:</b> <input type="checkbox"/>
<b>COMMENTS:</b>	
<b>DIRECTOR'S SIGNATURE:</b>	
<b>DATE:(dd/mm/yyyy)</b>	

<b>CUSTOMS DEPARTMENT</b>	
<b>Return this original form to the EPD</b>	
<b>CONFIRMATION OF ARRIVAL OF RADIOACTIVE MATERIALS AND STAMP OF THE CUSTOMS DEPARTMENT</b>	
<b>ENTRY AT PORT</b>	<b>DEPARTURE FROM PORT</b>
The material described overleaf arrived in the Port on (dd/mm/yyyy)	The materials described overleaf departed the Port on (dd/mm/yyyy)
Stamp:	Stamp:
Signature:	Signature:

**THIS APPROVAL EXPIRES ON \_\_\_\_/\_\_\_\_/20\_\_\_\_**  
**THIS APPLICATION IS NON-TRANSFERRABLE**