



**NATIONAL RADIATION
PROTECTION AUTHORITY**
*Established pursuant to Section 33(1) of the Atomic Energy & Radiation
Protection Act, Act No 5 of 2005*

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APPLICATION FORM - NRPA_AG-01

**Pursuant to Sections 17(1), 19(1), 21(1) of the Atomic Energy & Radiation
Protection Act this form is submitted in support of an application for:**

☐ Initial Licensing

☐ License Renewal

Purpose of Application

- | | |
|---|--|
| <input type="checkbox"/> Construction of premises
<input type="checkbox"/> Registration of radiation sources
<input type="checkbox"/> Processing of Radioactive Material
<input type="checkbox"/> Handling of Radiation Sources
<input type="checkbox"/> Radioactive Waste Management | <input type="checkbox"/> Registration of premises
<input type="checkbox"/> Possession and Use
<input type="checkbox"/> Transport of Radiation Sources
<input type="checkbox"/> Storage of Radiation Sources |
|---|--|

Nature of Practice / Class of License

- | | |
|---|--|
| <input type="checkbox"/> Diagnostic Radiology
<input type="checkbox"/> Interventional Radiology
<input type="checkbox"/> Nuclear Medicine Diagnostic
<input type="checkbox"/> Radiation Therapy
<input type="checkbox"/> Well Logging
<input type="checkbox"/> Transportation
<input type="checkbox"/> Mining & Milling
<input type="checkbox"/> Analytical laboratory
<input type="checkbox"/> Other: Specify: _____ | <input type="checkbox"/> Dental Radiography
<input type="checkbox"/> Veterinary Radiography
<input type="checkbox"/> Nuclear Medicine Therapy
<input type="checkbox"/> Industrial Radiography
<input type="checkbox"/> Nuclear Gauging
<input type="checkbox"/> Storage facility
<input type="checkbox"/> Exploration
<input type="checkbox"/> Research |
|---|--|

Facility Details

Name of Facility	
Postal Address	
Physical Address	
Telephone Number	
Fax Number	
e-mail	

Particulars of Legal Person

Name	
ID/Passport Number	
Nationality	
Position	

Particulars of Designated Radiation Safety Officer

Name	
ID/Passport Number	
Nationality	
Qualifications	
Experience	
Postal Address	
Telephone Number	
Fax Number	
e-mail	

Particulars of Premises Where Radiation Source(s) Will Be Used

City	Physical Address

Note: For use at more than one location, please include details of all locations

Particulars of Radiation Source (*Radioactive Material*)

Name and Address of Manufacturer	Name and Address of Supplier	Description of Radiation Source (e.g. ¹³⁷ Cs)	Model	Serial Number	Activity (Bq)	Date of Activity

Note: For source inventories that are comprised of more sources, please copy and attach this column as an annexure to the application form

Particulars of Radiation Source (*Electronic Devices*)

Name and Address of Manufacturer	Name and Address of Supplier	Description of Radiation Source (mobile, mammography)	Maximum Power (kV)	Model	Serial Number

Note: For source inventories that are comprised of more sources, please copy and attach this column as an annexure to the application form

Particulars of Radiation Source (*Source Material*)

Description of Ore/Ore Concentrate or Source Material (e.g U^{235} , sodium diuranate, etc)	Packaging (e.g sealed drums, etc)	Quantity	Maximum Activity (Bq)	Activity Concentration (Bq/g)	Dose rate at 1m (mSv/h)

Note: For inventories that are comprised of more sources, please copy and attach this column as an annexure to the application form

Name of Applicant	Designation (legal person / RSO)	Date	Signature

NB: This application must be accompanied by the documents listed in the document submission checklist and the attached documents must be indicated on the checkboxes.

Official Use Only

Received by	
Date	
Signature	
Action	
Outcome of Application	