



# NATIONAL RADIATION PROTECTION AUTHORITY

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

P/ B 13198  
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## APPLICATION FORM - NRPA\_AG - 02

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

### Purpose of Application

Export

Import

Convey

Transit

### 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             |  |

#### *Mission*

*to provide for the adequate protection of the environment and of people in current and future generations against the harmful effects of radiation*

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**Additional Particulars of i.r.o Application for Transport**

|                                 |  |
|---------------------------------|--|
| Conveyor                        |  |
| Origin of Package               |  |
| Destination of package          |  |
| Mode of transport               |  |
| Expected date of transportation |  |
| Port of entry                   |  |
| Port of exit                    |  |

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**Particulars of Radiation Source (*Radioactive Material*)**

| Name and Address of Manufacturer | Name and Address of Supplier | Description of Radiation Source (e.g. $^{137}\text{Cs}$ ) | Model | Serial Number | Activity (Bq) | Date of Activity |
|----------------------------------|------------------------------|---|-------|---------------|---------------|------------------|
|                                  |                              |   |       |               |               |                  |
|                                  |                              |   |       |               |               |                  |
|                                  |                              |   |       |               |               |                  |
|                                  |                              |   |       |               |               |                  |
|                                  |                              |   |       |               |               |                  |

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

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**Particulars of Radiation Source (*Electronic Devices*)**

| Manufacturer or Supplier | Address of Manufacturer or Supplier | Description of Radiation Source (mobile, mammography) | Maximum Power (kV) | Model | Serial Number |
|--------------------------|-------------------------------------|---|--------------------|-------|---------------|
|                          |                                     |   |                    |       |               |
|                          |                                     |   |                    |       |               |
|                          |                                     |   |                    |       |               |
|                          |                                     |   |                    |       |               |
|                          |                                     |   |                    |       |               |
|                          |                                     |   |                    |       |               |

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

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**Particulars of Radiation Source (Source Material)**

| Description of Ore/Ore Concentrate or Source Material (e.g U <sup>3</sup> O <sup>8</sup> , sodium diurinate, etc) | Packaging (e.g sealed drums, etc) | Quantity | Maximum Activity (Bq) | Activity Concentration (Bq/g) | Dose rate at 1m (mSv/h) |
|---|-----------------------------------|----------|-----------------------|-------------------------------|-------------------------|
|   |                                   |          |                       |                               |                         |
|   |                                   |          |                       |                               |                         |
|   |                                   |          |                       |                               |                         |
|   |                                   |          |                       |                               |                         |
|   |                                   |          |                       |                               |                         |

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

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| 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.**

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**Official Use Only**

|                        |  |
|------------------------|--|
| Received by            |  |
| Date                   |  |
| Signature              |  |
| Action                 |  |
| Outcome of Application |  |