FIRST SCHEDULE

(Regulations 4, 5(2), 6, 7, 8, 9, 10,11,12,13 and 14)



Form I $(Regulations \ 4)$ (To be completed in triplicate)

THE RADIATION PROTECTION AUTHORITY

The Ionising Radiation Protection Act, 2005 (Act No. 16 of 2005)

The Ionising Radiation Protection (General) Regulations, 2011

APPLICATION FOR IONISING RADIATION LICENCE					
		Shaded field for official use only	Application No. Licence Code		
	Information required	Information provided			
1.	Name (s) of applicant				
2.	(a) Nationality				
	(b) Identity card				
	National Registration Card No.				
3.	Notification address				
	Fax:				
	Email:				
4.	Purpose of application				
5.	Name and qualifications of person responsible for radiation source (irradiator or radiography facility / radiation generating equipment / accelerator)				
6.	Contact details of person responsible for radiation source (irradiator or radiography facility/radiation generating/ equipment /accelerator radioactive material)				
7.	Licence previously held by the applicant under the Ionising Radiation Protection Act, 2005, or similar legislation outside Zambia(attach certified copies)	Licence No.	Location	-	
8.		Licence No.	Location		

	Licence of in Zambi											
	Radiation				sing							
9.	Have you ever been convicted of an offence involving fraud or dishonesty or of any offence under the Ionising Radiation Protection Act, 2005, or any other law within or outside Zambia? If yes, specify details:											
	Nature of offence:											
	Date of conviction:											
	Sentence	:										
10.	Have you ever applied for a licence under the Ionising Radiation Protection Act, 2005? If yes please give details below:								005? If			
	Licence applied for:		for:	Activity		Location		Liate of		Status of application (Granted, rejected or pending)		
11.	Source and Irradiator Facility / Radiation generating equipment / Accelerator											
	Model / Type No. Manufacturer			Supplier		of missioning	Class					
12.	Details of radioactive sources											
	Radion uclides	N	Number of sources		Total activity (Bq) Source details		etails	Storage Wet / dry				
		Per pencil	Per Mod- ule	- Per rack	Total	Initial	At install ation	Model N	lo.	Design- ation		

DECLARATION a) that the information provided in this Form is correct and true; b) that I have never been debarred from practising my profession on the ground of professional misconduct; c) that my name has never been removed from the Register kept in accordance with the laws of any country in which I have practiced my profession; and d) no inquiry is pending which may result in the action referred to in paragraphs (b) and (c); and I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge and belief. Signature Declaredthis......day of, 20...... before me Commissioner of Oaths / Notary Public Applicant's name Date Applicant's signature

FOR OFFICIAL USE ONLY

Received by: Officer	RECEIPT No:
Date Received:	
Amount Received:	
Serial No. of application:	

OFFICIAL STAMP