



RADIATION PROTECTION AUTHORITY
APPLICATION FOR LICENSING

SUPPLIMENTARY FORM 1

NAME OF FACILITY:

INVENTORY OF RADIOACTIVE SOURCES AND APPARATUS CONTAINING RADIOACTIVE SUBSTANCES

S/N	Radionuclide	Activity ¹ (Becquerel)	Form ²	Use	Location	IF THE SOURCE IS ENCLOSED IN A DEVICE		
						Manufacturer	Model	Serial Number

¹. For sealed sources include the date at which the activity applies.

²Solid, liquid, gas, sealed, unsealed

SIGNATURE of the applicant: (i.e. the operator / legal person):

Name: (Please print).....

Date:.....