RADIATION PROTECTION AUTHORITY
APPLICATION FOR LICENSING

SUPPLIMENTARY FORM 2

NAME OF FACILITY: ……..

FOR ELECTRICAL DEVICES PRODUCING IONIZING RADIATION

S/N	Manufacturer	Model	Serial Number	Maximum Power (e.g max , kVp, mA	Use	Location

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

Name: (Please print)……..

Date:……..