

SCHEDULE 1

Regulation 16(2)(a)

ATOMIC ENERGY COUNCIL,
P.O. Box 7044,
Kampala.



THE REPUBLIC OF UGANDA

ATOMIC ENERGY
FORM 6 (AEF 6)

THE ATOMIC ENERGY ACT No. 24 of 2008

SCHEDULE 1

FORM 6

APPLICATION FOR AUTHORIZATION TO MODIFY RADIATION DEVICES, MATERIALS OR PREMISES

Authorization number: _____

1. Name and address of applicant:

| <i>Main address</i> | <i>Mailing address (if different)</i> | <i>Address of use (if different)</i> |
|---------------------|---|--------------------------------------|
| | | |

2. Name and information of qualified experts:

| | |
|---------------------------------------|-------------------------|
| 1-Expertise: Radiation safety officer | 2- Expertise: _____ |
| Name: _____ | Name: _____ |
| Degree: _____ | Degree: _____ |
| Certification: _____ | Certification: _____ |
| Experience: _____ | Experience: _____ |
| Telephone number: _____ | Telephone number: _____ |

3. The representative of the applicant (*where applicable*):

| | |
|--------------|-------------------------|
| Name: _____ | Telephone number: _____ |
| Title: _____ | E-mail address: _____ |

4. Identify/Specify by giving the Technical or location details, as per the licence No. above of the device, materials or premises to be modified:
-
-
5. Describe the purpose, nature and extent of the modification requested, including relevant technical drawings:-
- a) Purpose (e.g. major repair, source change, protection etc)
-
-
- b) Nature:-
-
-
6. Extent:-
-
-
8. Name and Address of company/organization authorized to make the modification: (give licence No. or authority reference)
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9. List the radiation protection measures to be taken to ensure that the modification does not alter or degrade the existing safety status, procedures and compliance with existing regulations:
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-
-
10. Give details of the intended outcome of the modification if carried out:-
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-
-
11. If a device (equipment) is to be modified, to what extent will the modification affect/impact on the work load and operational limits of the equipment in the facility;
-
-

12.

DECLARATION

I, _____ (*name*) Certify that all the information given herein is true and correct to the best of my knowledge.

Date: _____ *Signature of applicant:* _____

| FOR OFFICIAL USE ONLY | | | |
|----------------------------------|----|------|-----------|
| Permit No: | | | |
| | By | Date | Signature |
| Received: | | | |
| Evaluated: | | | |
| General Remarks and/or Comments: | | | |