

SCHEDULE 1

Regulation 19(1)(a)

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



THE REPUBLIC OF UGANDA

ATOMIC ENERGY
FORM 8 (AEF 8)

THE ATOMIC ENERGY ACT No. 24 of 2008

FORM 8

APPLICATION FOR AUTHORIZATION TO TRANSPORT RADIOACTIVE MATERIALS

1. Type of Authorization

Please tick

New application

Renewal of authorization number: _____

2. Name and address of applicant:

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

3. (a) Name and address of Radiation Safety Officer.

(b) Telephone Number: _____ E-mail Address: _____

(c) Qualification: _____

(d) Experience: _____

4. The representative of the applicant:

Name: _____ Telephone number: _____

Title: _____ E-mail address: _____

5. Purpose for which the Radioactive Materials will be used for (i.e. Practice: Treatment, Diagnostic, NDT, Gauging, Biological irradiation etc.)

6. Valid or previous permit of Applicant (if not applying for first time):

7. Valid licence or Registration No. for possession and use of radioactive materials by Applicant (if applicable) intending to transport source in the Country.

8. Valid licence or Registration No. for Possession and use of radioactive materials by prospective recipient in Uganda.

9. Type of Radioactive Materials to be transported:-

a. Sealed radioactive Materials (Equipment): _____

b. Radioactive materials for use as sealed sources:

10. Describe the purpose of the intended transport of the radioactive materials within or into country :(Sale, loan, normal operations in new area, Import/Export consignment etc.)

11. Describe the packaging measures and methods made to comply with safety and transport requirements as per Regulations:-

12. Describe the package details as established for compliance with Transport Regulations:-

13. Planned means of Transport within Country (e.g. from exit / entry point to the establishment i.e. air, road, rail, sea etc).

14. Give details of vehicle, company and personnel responsible for the conveyance of the radioactive material package(s):

15. Give details of the preparations made with regards to safety for premises at end point or establishment (if transport is within the country) where the equipment or radioactive materials will be stored, managed or used:

16. Describe your emergency plan and preparedness procedures:

17. **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			
Registration No:			
	By	Date	Signature
Received:			
Evaluated:			
General Remarks and/or Comments:			