

Regulation 19(1)(a)
ATOMIC ENERGY FORM 4
(AEF 4)

## THE REPUBLIC OF UGANDA

## ATOMIC ENERGY ACT NO. 24 of 2008

## FORM 4

## APPLICATION FOR AUTHORIZATION TO IMPORT OR EXPORT DEVICE(S) OR RADIOACTIVE MATERIALS

	umber:	_				
2. Name and address of applicant:						
Main address	Mailing address (if different)	Address of use (if different)				
3. (a.) Name and address of Radiation Safety Officer						
(b.) Telephone Number Email address						
(c.) Qualification						
(d.) Experience						
4. The representative of the applicant:						
Name	ameTelephone Number					
itle Email 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. Give a list and the corresponding technical details of the radiation device(s) to be imported or exported				
(attach relevant parts of manuals if available);				
(a) Model number				
(b) Serial number				
(c) Maximum voltage				
(d) Maximum current				
(e) Radiation type				
(f) Year of manufacture				
(g) Radiation device certificate, No (attach copy)				
(h) Type of installation (fixed/mobile)(i) Approximate cost of the radiation device(s)				
(i) Approximate cost of the radiation device(s)				
8. Compliance of radiation device(s) with recognized international standards: (i.e. is the device prototype tested, and subject to quality control provisions of standards recognized by international standards setting organization (e.g. IEC or ISO. If so identify the standards and any				
applicable classification numbers.				
(Please note that used/old radiation devices are not encouraged and may be subjected to rigorou tests at a cost or demand of similar quality control test certificates)				
9. Means of transport out/into country (i.e. Air, road, rail, sea etc)				
10. For importation				
(a) Expected date of receipt				
(b) For exportation expected date of shipment				
11. Point of entry into/exit out the country				
12. Arrangements made for transport from establishment to exit point to establishment: (you will be required to inform the council of arrival/transfer details for the monitoring) of clearance and inland transport).				
13. Preparations made for premises at which the radiation device will be used:				
14. Available qualified experts who will use the equipment (names and qualifications):  (i)				

(b) Unsealed radioactive materials (physical form)	
16. For the equipment with sealed sources(s) incorporated, give the following d (a) Is it a well logging, portable gauging, detection or analytical etc? (State which	
(b) State the technical details of the radioactive apparatus above:	
(i) Manufacturer	
(ii) Radiation type	
(iii) Radionuclide	
(iv) Maximum activity	
(v) Model no of apparatus(vi) Name and address of supplier	
(c) If it is radiotherapy equipment, then give the details of the equipment as app (i) Name and address of manufacturer:	oropriate:-
(ii) Model no and name	
(iii) Country of manufacture	
(iv) Year of manufacture	
(v) Radionuclide	
(vi) Model no. of the source(s)	<u>—</u>
(vii) Initial activity of the sources(s)	
(viii) Number of sources installed	
(ix) Maximum design activity	
(x) Total activity installed	
(xi) Supplier of the sources (xii) Cost of the equipment	
(xii) dost of the equipment	
17. For unsealed radioactive materials give the following:-	
(a) Radiopharmaceutical	
(b) Maximum activity	
(c) Physical form	
(d) Chemical form	
(e) Initial containment of the radionuclide(s)(f)	
(g) Use and method of application	
(h) Radioactive waste management and method of disposal	

(b) Repair and mainter Warranty			
(c) Return or change of	f source after us	eful life:	
prototype tested, and	subject to qualit s settings organ	ty control provisions of	tional standards: (i.e. is the device standards recognized by If so identify the standards and any
		evices are not encourag ality control test certific	ned and may be subjected to rigorous cates)
20. Means of transport	t out/into count	ry (i.e. air, road, rail, se	a etc)
establishment: (you wi monitoring of clearance	pected date of sl /exit out of the d de for transport ill be required to se and inland tra	country from establishment to o o inform the commissio	exit point or entry point to n of arrival/transfer details for the evice will be used:
· ·		orrect to the best of my	legal person) certify that all the knowledge.
	Fo	r Official Use Only	
Permit no:			
	Ву	Date	Signature
Received:			
Evaluated:			
General remarks			
and/or comments:			