



Radiation Protection Agency
Old LNDC Building
Kingsway
Maseru 100

Application For License to transport/ Use / Sell Radioactive Sources / Generators

Complete this application and the supplementary form. Return both signed forms with the prescribed fee. Where space is insufficient, attach additional sheets.

Purpose of Application (mark 'X' as appropriate)

NEW LICENSE

LICENSE RENEWAL

POSSESS & USE

POSSESS & SELL

TRANSPORT

1. Details of a legal person

Name of Applicant (Company/ Organization / Institution)	
Postal Address	
Telephone	
E-mail	
Fax	

2. Head of Institution Details (Representative of a legal person)

Name and Title of the Head of the Institution	
Telephone/Cell No.	
E-mail	

3. Location of the Practice

Location where radioactive sources will be used, stored, manufactured	
Address where radioactive sources will be used, stored, manufactured	

4. Nature of Business

Nature of Business (e.g Medical, industrial, Research)	
--	--

5. Purpose of Use

Purpose(s) for which the radiation generator(s)/ radioactive source(s) are to be used	
---	--

6. Radiation Protection Officer (RPO)

Name	
Telephone/cell No.	
E-mail address	
Qualifications & Experience	
License No. (if any)	

6. Qualified Experts (Advisors)

Name	
Qualifications & Experience	

7. Radioactive Sources

Attach supplementary form with details of sources.

8. Supplier / Manufacturer (attach an additional form if there is more than one supplier/manufacturer)

Name	
Registration No.	
Address	
Town/City	
Country	
Telephone	
Fax	
E-mail	

9. Transport Details

Please provide transport details in case of moving the radiation source to the RPA before transportation.

NOTES: The application must be accompanied by necessary documentation providing information addressing all relevant radiation safety issues, such as integrated management system, technical information (of the radiation source; measuring instruments and quality control; description of the facility - layout, shielding, safety features, designated areas; and radiation monitoring equipment), safety assessment, radiation protection of workers, public and patients as applicable, security plan, etc. as described in the separate guidelines provided.

10. Declaration

I, (Print Full Name) _____ declare that the information submitted herein is, to the best of my knowledge, true and correct.

Signature: _____ Date: _____

Official stamp:

11. For Official Use Only

Date	Received by
Signature:	
Decision by Radiation Protection Agency.....	
Date:	Signature:
Reason for Rejection (if not approved):	
.....	
.....	
.....	

Supplementary Form

12. a) RADIOACTIVE SOURCES INTENDED FOR POSSESSION AND USE

Radionuclide e.g. 60Co	Form Solid, liquid or gas	e.g.	Activity	Activity Date	Device Serial number	SOURCES DETAILS		
						Manufacturer	Model	Serial No.

b) RADIATION GENERATORS INTENDED FOR USE (TUBE DETAILS)

Item no.	Manufacturer	Model no.	Serial No.	Max kVp	Max mAs	Use	Location on Premises
Type of installation of the X-ray machine (Fixed/ Portable)							

Signature of the Applicant (Licensee) Name (Please Print) Date
--

NOTES:

a) Return the completed and signed form with the fee to: The Chief Executive Officer, Radiation Protection Agency, P.O. Box 13686, Maseru 100, Lesotho.

