



LICENSING AND INSPECTIONS
RADIATION PROTECTION INSPECTORATE
 Ministry of Tertiary Education, Research, Science and Technology
 Private Bag BO 1, Gaborone, Botswana
 Tel: (+267) 318 8388, Fax: (+267) 395 7025
 Plot 132, Gaborone International Finance Park, Gaborone
 E-mail: rpibots@gov.bw



Form 02

APPLICATION FOR LICENCE/PERMIT TO IMPORT/EXPORT/TRANSPORT/POSSESS AND USE OF RADIOACTIVE SOURCES/ GENERATORS/EQUIPMENT

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

Purpose of this application. (Please place "X" opposite the purpose as appropriate).

NEW LICENCE APPLICATION:.....

LICENCE RENEWAL:.....

POSSESS & USE.....

POSSESS & SELL.....

IMPORT.....

EXPORT.....

TRANSPORT.....

1. Name of Applicant (Name of Company, Organization or Institution) (Renewal notices will be sent to this address)

.....

Address.....

.....

Tel: Fax: e-mail:

2. Location of the Premises where the Radioactive Equipment/Sources/Generators will be used, stored, manufactured, etc

.....

3. Nature of business.....

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

.....

5. Name and Registration number of the Radiation Safety Officer

6. Particulars of the Qualified Experts to advise the applicant (e.g. name, qualifications, experience)

.....

7. Particulars of the radioactive sources used, stored, manufactured or otherwise dealt with on the premises. (SUPPLEMENTARY form attached.

8. Name of Supplier/Manufacturer..... Registration No.

Address.....Town/City.....Country.....

Tel:.....Fax:.....e-mail.....

9. Vehicle Registration No:Make & Model: Transport Permit No.....

Owned by: Address of owner:

Date issued:Name of Radiation Protection Inspector:

10. I declare that the information submitted herein is, to the best of my knowledge, true and correct.
 (Print full name)

Signature: Date:

11.

OFFICIAL USE ONLY	
Date received:.....by.....	Signature.....
Decision by Regulatory Authority.....Date.....	Signature:
Reason for rejection (if not approved).....	



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Form 02 (Con't)

12.

a) RADIOACTIVE SOURCES INTENDED FOR POSSESSION AND USE

Nuclide e.g ⁶⁰ Co	Form e.g Liquid, gas or solid	Activity	Use	Location on premises	IF SOURCE IS ENCLOSED IN A DEVICE		
					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

SIGNATURE OF THE APPLICANT (Licensee).....

Name (Please Print)..... **Date**.....

NOTES:

- a) The application must be accompanied by a **Radiation Protection Programme** that addresses all relevant radiation safety issues including —

for radioactive sources obtained regularly, the quantity in each shipment and the frequency of supply; radiation monitoring instruments available on the premises and their calibration; arrangements for personnel radiation monitoring; the proposed method for disposing of radioactive waste or of sealed sources which are no longer required; the security of sources; source storage conditions; the protective equipment that is required and handling techniques for the radioactive sources; the qualifications required of persons who use radiation sources; regular radiation safety training programmes for workers; where the sources are used for **human diagnosis or therapy**, the name and qualifications of the responsible medical practitioner, how patient exposures are justified and optimized and the dose guidelines adopted by the practice; details of emergency procedures, etc.
- b) A **Scale Plan** of the premises must be provided with the application showing the location where the radioactive sources are normally used, manufactured, stored or otherwise dealt with. The plan must show the purpose of all adjacent areas and the nature of the construction materials. For unsealed substances, additional information on waste lines, laboratory facilities, surface finishes and ventilation is also required. A report from a Qualified Expert must also be provided certifying that the premises and facilities are so constructed, and work practices instituted, that compliance with the prescribed dose and discharge limits will be achieved.
- c) Return the completed and signed form with the fee to: The Director, Radiation Protection Inspectorate, Private Bag BO 1, Gaborone. Botswana