**APPLICATION FOR RADIATION LICENCE**

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| **Note:**  ***Please complete the application form and submit together with all the relevant supporting documents to Radiation Department, SHENA via*** [***radapplication@shena.gov.bn***](mailto:radapplication@shena.gov.bn)***. Incomplete submission will be automatically rejected. Additional attachment may be used as applicable when (\*) is listed.*** | | | | | | | | | | | | | | | |
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| 1. **APPLICATION FOR:**   (Check appropriate box) | | | | | | | 1. **PURPOSE OF**: (Check every appropriate box) | | | | | | | | |
| New Licence  Renewal of Licence  Amendment  Licence No: Fill in here.  (For Renewal/Amendment only) | | | | | | | Import / Export  Use  Manufacture  Possession (Storage)  Sell | | | | | Transport  Services:  Fill in here.    Others:  Fill in here. | | | |
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| 1. **DETAILS OF APPLICANT:** | | | | | | | | | | | | | | | |
| Name | | : Fill in here. | | | | | | | | | Date of Birth | | | : Fill in here. | |
| IC/Passport No. | | : Fill in here. | | | | | | | | | IC Colour | | | : Fill in here. | |
| Position | | : Fill in here. | | | | | | | | | Email Address | | | : Fill in here. | |
| Business Entity Name | | : Fill in here. | | | | | | | | | Tel (Office) | | | : Fill in here. | |
| Business Entity Address | | : Fill in here. | | | | | | | | | Tel (Mobile) | | | : Fill in here. | |
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| 1. **DETAILS OF RADIATION PROTECTION OFFICER (RPO):** | | | | | | | | | | | | | | | |
| Name | | : Fill in here. | | | | | | | | | Date of Birth | | | : Fill in here. | |
| IC/Passport No. | | : Fill in here. | | | | | | | | | IC Colour | | | : Fill in here. | |
| Position | | : Fill in here. | | | | | | | | | Email Address | | | : Fill in here. | |
| Home Address | | : Fill in here. | | | | | | | | | Tel (Mobile) | | | : Fill in here. | |
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| 1. **AREA SURVEILLANCE MONITORING:** | | | | | | | | | | | | | | | |
| Type of Survey meter | | | | | :  Neutron  Photon | | | | | | | | | | |
| Model | | | | | : Fill in here. | | | | | | | | | | |
| Quantity (Minimum of 2 units) | | | | | : Fill in here. | | | | | | | | | | |
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| 1. **PERSONAL SURVEILLANCE MONITORING:** | | | | | | | | | | | | | | | |
| Optically Stimulated Luminescence Dosimeter (OSL)  Radio-Photo Luminescence Dosimeter (RPL) | | | | | | | | | | Thermoluminescence Dosimeter (TLD)  Active Dosimeter | | | | | |
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| 1. **PARTICULARS OF RADIOACTIVE MATERIAL FOR WHICH LICENCE IS SOUGHT \*:**   **(if applicable)** | | | | | | | | | | | | | | | |
| Source | Sealed/  Unsealed | | | Manufacturer and Model | | | | Maximum Activity to be used (Bq or Ci) | | | | Purpose of Use | | Qty | Location |
| Choose. | Choose an item. | | | Fill in here. | | | | Fill in here. | | | | Fill in here. | | \_ | Fill in here. |
| Choose. | Choose an item. | | | Fill in here. | | | | Fill in here. | | | | Fill in here. | | \_ | Fill in here. |
| Choose.  Choose. | Choose an item.  Choose an item.  Choose. | | | Fill in here.  Fill in here. | | | | Fill in here.  Fill in here. | | | | Fill in here.  Fill in here. | | \_  \_ | Fill in here.  Fill in here. |
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| 1. **PARTICULARS OF CONTROLLED APPARATUS FOR WHICH LICENCE IS SOUGHT \*:**   **(if applicable)** | | | | | | | | | | | | | | | |
| Type | | | Model | | | Manufacturer | | Maximum Tube Voltage (KeV) | | | | Purpose of Use | | Qty | Location |
| Fill in here. | | | Fill in here. | | | Fill in here. | | Fill in here. | | | | Fill in here. | | \_ | Fill in here. |
| Fill in here. | | | Fill in here. | | | Fill in here. | | Fill in here. | | | | Fill in here. | | \_ | Fill in here. |
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| 1. **LIST OF GENERAL RADIATION WORKER(S) \*:** | | | | | | | | | | | | | | | |
| Name | | | | | | IC/Passport No. | | | Date of Birth | | | | Position | | Duration with Business Entity |
| Fill in here. | | | | | | Fill in here. | | | Fill in here. | | | | Fill in here. | | Fill in here. |
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| 1. **DECLARATION**   I, declare that all particulars and information provided in this application and the documents attached hereto are true to the best of my knowledge and belief, and I understand that the Safety, Health and Environment National Authority (SHENA) reserves the right to reject this application if, at any stage, the information provided is false and incorrect. Should verification be required on any information provided in this application, I hereby authorise SHENA to carry out the necessary investigations.  Fill in here. Fill in here.    Name and Signature of Applicant Date and Business Entity Stamp | | | | | | | | | | | | | | | |