**SHENA/RAD/AUT/A/1**

**RADIATION IMPORT / EXPORT AUTHORISATION APPLICATION FORM**

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| **Note:**   1. ***Each authorisation form is applicable for only one radioactive material and/or one controlled apparatus. 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.*** 2. ***Once the authorisation has been approved, please proceed to upload the approved authorisation to Brunei Darussalam National Single Window System (***[***http://www.bdnsw.gov.bn***](http://www.bdnsw.gov.bn/)***) together with your Licence and the supporting documents as listed in section #1 when applying for permit.*** | | | | | | | | | | | | | |
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| 1. **PLEASE ATTACH THE FOLLOWING DOCUMENTS:** | | | | | | | | 1. **FOR OFFICIAL USE ONLY:** | | | | | |
| Material Safety Data Sheet (MSDS)  Invoice from country of origin/shipment  Letter of acceptance from source of origin  Leak / wipe test certificate  Detailed specification of storage container  Dangerous goods declaration form (if applicable)  Airway bill form / Bill of lading (if applicable)  Transport plan for radioactive material (category 1)  Application to be signed by Licensee / RPO along with company stamp | | | | | | | | Approved | | | | Not Approved | |
| Reference No. | | | | : IE/ | |
| Approval valid until | | | | : Fill in here. | |
| Name of Approval | | | | : Fill in here. | |
| Sign and Date | | | | : Fill in here. | |
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| 1. **APPLICATION FOR:** | | | | | 1. **DETAILS OF POINT OF ENTRY**: | | | | | | | | |
| (Check one only)  Import  Export | | | | | Means of conveyance | | | | | | : Choose an item. | | |
| Port / Entry Point | | | | | | : Fill in here. | | |
| Expected date to arrive in / depart from Brunei Darussalam on | | | | | | : Fill in here. | | |
|  | | | | | | | | | | | | | |
| 1. **DETAILS OF APPLICANT:** | | | | | | | | | | | | | |
| Company Name | | | : Fill in here. | | | | | Expiry Date of Licence | | | | | : Fill in here. |
| Licence No. | | | : Fill in here. | | | | | Contact No. | | | | | : Fill in here. |
| Name of Radiation Protection Officer (RPO) | | | : Fill in here. | | | | | Expiry Date of RPO Registration | | | | | : Fill in here. |
| Serial No. of Survey Meter (at least 1 unit) | | | : Fill in here. | | | | | Expiry Date of Calibration Certificate for Survey Meter (at least 1 unit) | | | | | : |
|  | | | | | | | | | | | | | |
| 1. **DETAILS OF FORWARDER:** | | | | | | | | | | | | | |
| Company Name | | | : Fill in here. | | | | | Expiry Date of Licence | | | | | : Fill in here. |
| Company Address | | | : Fill in here. | | | | | Email Address | | | | | : Fill in here. |
| Licence No. | | | : Fill in here. | | | | | Contact No. | | | | | : Fill in here. |
|  | | | | | | | | | | | | | |
| 1. **DETAILS OF SENDER / RECEIPIENT OF GOODS:** | | | | | | | | | | | | | |
| Company Name | | | : Fill in here. | | | | | Email Address | | | | | : Fill in here. |
| Company Address | | | : Fill in here. | | | | | Contact No. | | | | | : Fill in here. |
|  | | | | | | | | | | | | | |
| 1. **DETAILS OF END-USER (FOR IMPORT ONLY):** | | | | | | | | | | | | | |
| Company Name | | | : Fill in here. | | | | | Expiry Date of Licence | | | | | : Fill in here. |
| Company Address | | | : Fill in here. | | | | | Email Address | | | | | : Fill in here. |
| Licence No. | | | : Fill in here. | | | | | Contact No. | | | | | : Fill in here. |
|  | | | | | | | | | | | | | |
| 1. **INFORMATION OF RADIOACTIVE MATERIAL TO BE IMPORTED / EXPORTED:** | | | | | | | | | | | | | |
| Source | Sealed/  Unsealed | | | Serial Number | | | Manufacturer and Model | | Activity to be used (Bq or Ci) | | | | Purpose of Use |
| Choose. | Choose an item. | | | Fill in here. | | | Fill in here. | | Fill in here. | | | | Fill in here. |
|  | | | | | | | | | | | | | |
| 1. **INFORMATION OF CONTROLLED APPARATUS TO BE IMPORTED / EXPORTED:** | | | | | | | | | | | | | |
| Type | | Serial Number | | | | Manufacturer and Model | | | Maximum Tube Voltage (KeV) | | | | Purpose of Use |
| Fill in here. | | Fill in here. | | | | Fill in here. | | | Fill in here. | | | | Fill in here. |
|  | | | | | | | | | | | | | |
| 1. **PREVIOUS IMPORT REFERENCE NO. (FOR EXPORT ONLY)** | | | | | | | | | | :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 Company Stamp | | | | | | | | | | | | | |