



اوتوريٽي ڪي بڻسائن ڪسلامتن
ڪصيتن دان عالم سڪيتر
Safety, Health and Environment
National Authority

CHECKLIST FOR LICENCE APPLICATION

NO.	DOCUMENT	DESCRIPTION	PLEASE INDICATE (/) IF ATTACHED			FOR OFFICE USE ONLY
			NEW	RENEWAL	AMENDMENT	
1.	Form	Complete licence application form	☐	☐	☐	
2.	Company registration certificate	Copy of a valid company registration certificate in Brunei Darussalam	☐			
3.	Radiation Protection Officer	Completed Registration of Radiation Worker Application Form and its supporting documents	☐			
4.	Radiation Protection Programme	Copy of Radiation Protection Programme (Refer here for more information)	☐	☐	☐	
5.	Security of Radioactive Material Programme	Copy of the Security of Radioactive Material Programme (applicable for radioactive materials Category 1 and 2 only – refer here for more information)	☐	☐	☐	
6.	Quotation of Radiation Surveillance Monitoring Equipment	A copy of quotation for purchase of Personal Dosimeter for each radiation worker (if applicable) *	☐			
7.		A copy of quotation for purchase of Environmental Dosimeter for each controlled area (if applicable) *	☐			
8.		A copy of quotation/catalogue of Survey Meter (minimum 2 units to purchase) (if applicable) *	☐			
9.	Records of Radiation Surveillance Monitoring Equipment	Current radiation worker dose records (if applicable) *		☐		
10.		Current dose records of Area Monitoring (if applicable) *		☐		
11.		Current Survey Meter Certificates (if applicable) *		☐		
12.	General Radiation Worker	Completed Registration of Radiation Worker Application Form and its supporting documents	☐			
13.		Latest Medical Certificates for Registered GRW		☐		
14.		Latest Radiation Training Certificates for Registered GRW		☐		

* The radiation surveillance equipment shall depend on the categorisation of radioactive materials and/or controlled apparatus used and radiation activities undertaken by the licensees (refer to [Radiation Protection Programme Guidelines](#)).



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ڪصيتن دان عالم سڪيتر
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Note:

Radiation Protection Officer: A technically competent person appointed by a licensee and approved by the Authority to supervise the application of radiation protection regulations, measures, and procedures.

General Radiation Workers (GRW): Any individual working under the instruction of the licensee, whether employed by the licensee, in the handling or use of, or in any activity that will bring him into contact with any radioactive material, nuclear material, radioactive substance or controlled apparatus.

RADIATION LICENCE APPLICATION FORM

Note:

Please complete the application form and submit together with all the relevant supporting documents listed in the checklist to SHENA. Incomplete submission will be automatically rejected.

1. APPLICATION FOR (Check appropriate box)	2. PURPOSE (Check every appropriate box)	
☐ New	☐ Import / Export	☐ Transport
☐ Renewal	☐ Use	☐ Services:
☐ Amendment	☐ Manufacture	_____
	☐ Possession (Storage)	☐ Others:
	☐ Sell	_____

3. TYPE OF ACTIVITY

- ☐ Industrial Radiography (Non-Destructive Testing)
- ☐ Well logging & Gauging
- ☐ Manufacture, Transport, Sale, Maintenance, Security, Analysis and Education
- ☐ Medical & Dental
- ☐ Others: _____



اوتوريٽي ڪي بھ سائن ڪسلامتن
ڪھيٽن دان عالم سڪيٽر
Safety, Health and Environment
National Authority

4. DETAILS OF APPLICANT

(Note: applicant will act as a licensee - the person responsible for the licence)

Name		Date of Birth	
IC/Passport No.		IC Colour	
Position		Email Address	
Business Entity Name		Tel (Office)	
Business Entity Address		Tel (Mobile)	

5. DETAILS OF RADIATION PROTECTION OFFICER (RPO) APPOINTED

Name		Date of Birth	
IC/Passport No.		IC Colour	
Position		Email Address	
Home Address		Tel (Mobile)	

6. AREA SURVEILLANCE MONITORING (if applicable)

Type of Survey meter	☐ Neutron ☐ Photon
Model	
Quantity (Minimum of 2 units)	



اوتوريٽي ڪي بڻسائن ڪسلامتن
 ڪصيٽن دان عالم سڪيٽر
 Safety, Health and Environment
 National Authority

7. PERSONAL SURVEILLANCE MONITORING (if applicable)

- ☐ Optically Stimulated Luminescence Dosimeter (OSL)
☐ Radio-Photo Luminescence Dosimeter (RPL)
☐ Thermoluminescence Dosimeter (TLD)
☐ Active Dosimeter

8. PARTICULARS OF RADIOACTIVE MATERIAL FOR WHICH LICENCE IS SOUGHT (if applicable)

SOURCE	TYPE OF CAPSULE	MANUFACTURER	MAXIMUM ACTIVITY TO BE USED (Bq or Ci)	PURPOSE OF USE	QTY	LOCATION

9. PARTICULARS OF NUCLEAR MATERIAL FOR WHICH LICENCE IS SOUGHT (if applicable)

SOURCE	TYPE OF CAPSULE	MANUFACTURER	MODEL (IF APPLICABLE)	PURPOSE OF USE	QTY	LOCATION



اوتوريٽي ڪي بھ سائن ڪسلامتن
ڪھيٽن دان عالم سڪيٽر
Safety, Health and Environment
National Authority

10. PARTICULARS OF CONTROLLED APPARATUS FOR WHICH LICENCE IS SOUGHT
(if applicable)

TYPE	MODEL	MANUFACTURER	MAXIMUM TUBE VOLTAGE (KeV)	PURPOSE OF USE	QTY	LOCATION

11. LIST OF VESSELS (if applicable)

NAME OF VESSEL(S)

12. LIST OF GENERAL RADIATION WORKERS(S)

NAME	REGISTRATION NO.	IC/PASSPORT NO.	DATE OF LATEST MEDICAL CERTIFICATE	DATE OF LATEST RADIATION TRAINING



اوتوريٽي ڪي بھ سائن ڪسلامتن
ڪھيٽن دان عالم سڪيٽر
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National Authority

13. 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.

Name & Signature of Applicant

Date & Business Entity Stamp