



# NUCLEAR REGULATORY AUTHORITY

Houses 1 & 2 Neutron Avenue  
P.O. Box AE 50, Atomic Energy  
Accra, Ghana  
Email: [official.mail@gnra.org.gh](mailto:official.mail@gnra.org.gh)

Tel: +233 (0) 303965928 /303967706

## APPLICATION FOR PERMIT TO EXPORT NON-MEDICAL RADIOACTIVE SUBSTANCES UNDER NRA ACT 895 OF 2015

NRA-EP -02B

SIX MONTH PERMIT

Page 1 of 2

1.	<b>Name of Applicant</b> <i>[name of individual or institution who holds the licence detailed in Part 2]</i>	
2.	<i>Complete the details if a licence is required for the radioactive substance [see note (a)]</i>  Applicant's Current Licence Number: _____ Licence Expiry Date: _____  Issuing Authority: _____	
3.	Applicant's Address <i>[include the name of a contact person]</i>	Phone No: _____ Fax. No. _____
4.	Recipient Agency's Name and Address	Phone No.: _____ Fax No.: _____
5.	Please tick where the <u>Permission</u> is to be mailed: Applicant <input type="checkbox"/> Clearing Agent <input type="checkbox"/>	Please tick method of payment Cheque <input type="checkbox"/> Account <input type="checkbox"/>
6.	Port of Exit of Radioactive Substance:	Enclosed
7.	Name, Address and Licence Number of Individual/Company who is supplied the Radioactive Substance	
8.	Name of Applicant: (Please print)	Signature of Applicant Date:

### DECLARATION:

I..... Certify that I have read and understood the Nuclear Regulatory Act, ACT 895 Section 29 and that the information given in this application is true and correct.

Date: .....

Signature of Applicant.....

### OFFICE USE ONLY

.....  
**Authorized Officer**

**PERMIT NUMBER:**

Date: .....

Expiry Date: .....

# Nuclear Regulatory Authority

Post Office Box AE 50  
Atomic Energy, Kwabenya, Accra, Ghana  
Email: [official.mail@gnra.org.gh](mailto:official.mail@gnra.org.gh)  
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## APPLICATION FOR PERMISSION TO EXPORT NON MEDICAL RADIOACTIVE SUBSTANCES NRA-EP- 00

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Name of Applicant:

Applicant's Current Licence Number:

### DETAILS OF NON-MEDICAL RADIOACTIVE SUBSTANCES

(Please photocopy this page if insufficient space i.e. there is more than five items in a shipment)

Please tick here [ ] if there are additional pages to this fore	1	2	3	4	5
Item [eg: density guage)					
Identification/ Serial Number					
Quantity					
Radionuclide * [eg: Cs-137]					
Type of Substance: Sealed or Unsealed?					
Chemical Form [eg: CsCl]					
Physical Form [solid, liquid, gas]					
Activity in <u>Becquerel</u>					
Date of Measurement					

Proposed final destination for each source:

\*Please tick if Source has Depleted  
Uranium (DU) shielding

☐

Proposed transits during transportation:

Brief description of safety and security transport measures (eg: transport package type, labelling, safety and security provisions etc.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### OFFICE USE ONLY

PERMIT NUMBER:

.....  
Authorized Officer

Date: .....

Expiry Date: .....