

Tel: +233 (0) 303965928 /303967706

1.	Name of Applicant [name of individual or institution who holds the licence detailed in Part 2]	
2.	Complete the details if a licence is required for the radioactive substance [see note (a)] Applicant's Current Licence Number: _____ Licence Expiry Date: _____ Issuing Authority: _____	
3.	Applicant's Address [include the name of a contact person]	Phone No: Fax. No.
4.	Import/Clearing Agent'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 Entry of Radioactive Substance:	Enclosed
7.	Name, Address and Licence Number of Individual/Company who is supplying the Radioactive Substance	
8.	Name of Applicant: (Please print)	Signature of Applicant Date:
Applicants please note: a) It may be a requirement of the State you hold a licence to possess or use the radioactive substance. There may also be other requirements placed on you and your dealing with the radioactive substance according to NRA Act 895 of 2015 b) The applicant and any official executing this certification on behalf of the named applicant certify that all information provided therein, including any attachment hereto is true and correct to the best of his/her knowledge and belief. The applicant also undertakes not to transfer the above radioactive material to any unapproved user.		
OFFICE USE ONLY		
<div style="float: right; width: 50%;">PERMIT NUMBER:</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> Authorized Officer Date: </div>		

Nuclear Regulatory Authority

Post Office Box AE 50
Atomic Energy, Kwabenya, Accra, Ghana
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Tel: +233 (0) 303965928 /303967706

APPLICATION FOR PERMISSION TO IMPORT NON MEDICAL RADIOACTIVE SUBSTANCES NRA-IP- 01B

Page 2 of 2

Name of Applicant:

Applicant's Current Licence Number:

DETAILS OF NON-MEDICAL RADIOACTIVE SUBSTANCES

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

Please tick here 0 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 Becquerel					
Date of Measurement					

Proposed location of use for each source:

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

☐

Proposed Storage location for each source:

Brief description of how the radioactive substances are to be used (eg: Chemical analysis, borehole logging, industrial gauging:

- _____
- _____
- _____
- _____

OFFICE USE ONLY

.....
Authorized Officer

PERMIT NUMBER:

Date:

Expiry Date: