



NUCLEAR REGULATORY AUTHORITY

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NRA-IP-00A

APPLICATION FOR PERMIT TO IMPORT MEDICAL X-RAY EQUIPMENT

SINGLE SHIPMENT PERMIT

Applicant's Name:		Supplier's Name:	
Applicant's Address:		Supplier's Address:	
Telephone No.:		Telephone No.:	
Fax. No.:		Fax No.:	
License No.:			

Please indicate in the appropriate box where the application is to be returned			Applicant	Supplier	Other
Product Code and Serial No.	Description	Quantity	kVp	mAs	

Will any of the X-ray Equipment be used on Animal or Plants? (Tick appropriate box)*	YES	NO
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Brief statement of the intended use of the X-ray Equipment

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 Equipment to any unapproved user.

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Name of the Applicant (Please print) Signature of Applicant Position Date

OFFICE USE ONLY

The Collector of Customs,

SINGLE SHIPMENT PERMIT

Approval is hereby given to the application for the importation of the Equipment listed above which is in accordance with NRA Act 895 of 2015.

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Authorized Officer Date:

This permit is valid for 6 months from the date of approval
Please provide an estimate of the time taken to complete this form

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