

UNITED REPUBLIC OF TANZANIA

Tanzania Atomic Energy Commission  
P.O. Box 743,  
ARUSHA

TAEC 8(c)  
Regulations 17 & 73

ATOMIC ENERGY ACT, NO 7 2003  
(PART III, SECTION 17)

APPLICATION FOR AUTHORISATION TO TRANSPORT RADIOACTIVE MATERIALS

1. Name and address of Applicant:
  - (a) Head of Institution Applying for licence .....
  - (b) Name of Institution Applying for licence .....
  - (c) P.O. Box .....
  - (d) Town / Country .....
  - (e) Telephone .....
  - (f) Fax .....
  - (g) E-mail .....
  
2. State the practice for which the radioactive material(s) is used for (*e.g. Treatment, Diagnostic, NDT, Gauging, Logging, Biological Irradiation etc.*)  
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3. Valid licence or Registration No. for possession and use of radioactive materials by Applicant ( if applicable) wishing to transport source in the Country. ....  
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4. Valid licence or Registration No. for Possession and use of radioactive materials by prospective recipient in Tanzania.  
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5. Type of Radioactive Materials to be transported:-
  - a. Sealed radioactive Materials (Equipment): .....
  - .....
  - b. Radioactive Materials for use as Unsealed sources: .....
  - .....
  
6. Describe the purpose of the intended transport of the radioactive materials within or into country:- (*Sale, loan, normal operations in new area, Import/Export consignment, radiowaste to CRWMF etc.*)  
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7. Describe the packaging measures and methods made to comply with safety and transport requirements as per Regulations:- .....  
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8. Describe the package details as established for compliance with Transport Regulations:.....  
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9. Planned means of Transport within Country (*e.g. from exit / entry point to the establishment i.e. air, road, rail, sea etc*).  
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10. Give details of vehicle, company and personnel responsible for the conveyance of the radioactive material package(s) in .....  
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11. Give details of the preparations made with regards to safety for premises at end point or establishment (*if transport is within the country*) where the equipment or radioactive materials will be stored, managed or used:.....  
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.....
12. Describe your emergency plan and preparedness procedures  
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.....
13. Declaration: I .....declare that the information above is true and correct.
14. Date.....Signature of Applicant.....

**For Official Use Only**

(i) Date at which application form was Received:

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(ii) Date at which the Application was evaluated:

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(iii) Licence / Registration No:

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(iv) General Remarks and/or Comments:

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