

**UNITED REPUBLIC OF TANZANIA**

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

**Form TAEC - 5**

**ATOMIC ENERGY ACT (No. 7 of 2003)  
(PART III SECTION 18 AND 20)**

**APPLICATION FOR AUTHORIZATION TO USE RADIATION  
DEVICES OR RADIOACTIVE MATERIALS (NON MEDICAL)**

- 1(a) Name of Institution (Applicant) : .....
- Address: .....
- .....
- Tel No: ..... Fax No. .... E-mail: .....
- (b) Name and Title of the Head of Institution .....
2. Purpose of the Device or radioactive material will be used: (e.g. Well Logging, Portable Gauging, Detection and Analytical Devices Fixed/ Installed Gauging Detection and Other similar Devices).....
- .....
- .....
- .....
- .....
3. Details of the radiation devices and radioactive materials to be used:
- (a) Equipment with sealed sources incorporated :
- (i) Manufacture:.....
- (ii) Model No. of Device : .....
- (iii) Serial No. of Device : .....
- (iv) Type of Radionuclide (Cs-137, Am/Be etc): .....
- Total (maximum Activity of Radionuclide and Ref. Date .....
- (attach copy Manufacture's certificate)*
- 
- (i) Manufacture: .....
- (ii) Model No. of Device : .....
- (iii) Serial No. of Device: .....
- (iv) Type of Radionuclide (Cs-137, Am/Be etc).....
- (v) Total (maximum Activity of Radionuclide and Ref. Date .....
- (attach copy Manufacture's certificate)*

*(If more than one Device, please use additional sheet)*

(b) Unsealed Radioactive Sources in Industry: *(Details of radionuclides involved in the work)*

<b>Radionuclide</b>	<b>Maximum Activity</b>	<b>Physical/Chemical Form</b>	<b>Application</b>
(eg Carbon-14)	(e.g. 20 kBq)	(e.g. solid/liquid/gas + chemical name)	(e.g. Tracer study of oil well)

*(Attach copy of Manufacture's Certificate)*

(c) Radiation devices (e.g. ....) *[give at least two example]*

- (i) Manufacture: .....
- (ii) Model No. of Device : .....
- (iii) Serial No. of Device: .....

*(If more than one Device, please use additional sheet)*

4. Name and Information about qualified experts who will use the source(s)

- |            |               |
|------------|---------------|
| Name:      | Qualification |
| i) .....   | .....         |
| ii) .....  | .....         |
| iii) ..... | .....         |

*(use separate / additional sheet if necessary)*

5(a) Location where the device is to be used or installed. If work will be carried out outside the institution/organization, provide the work programme indicating where /when the source is to be used.

.....  
 .....  
 .....

(b) Will the source be returned to Supplier/Manufacture after its useful time is over [Yes  No  ]  
 If not, provide details on how you would dispose of the source.

.....  
 .....  
 .....  
 .....

(c) If the source will still be in good condition after the work is completed, provide details on what you intend / plan to do with the source.

6. Describe your emergency plan and preparedness procedures and security measures

.....  
 .....  
 .....

7. Declaration:

I hereby declare that the information provided in this form is correct and true to the best of my knowledge.

Name: .....

Signature: .....

Date: .....

**For Official Use Only**

(i) Date at which application form was received: .....

(ii) Date at which the Application was evaluated: .....

(iii) Licence / Registration No.: .....

(iv) General Remarks and/or Comments: .....

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