APPENDIX 1

Template B1

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|  | **REPUBLIC OF MACEDONIA**  Radiation Safety Directorate |  |

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: IMPORT**

**1. Information on the entity submitting the request:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unique tax number: | |  | | | |
| Name of the legal entity: | |  | | | |
| Headquarters of the legal entity: | |  | | | |
| Telephone: |  | Fax: |  | E-mail: |  |
| Name and surname of the authorised person:  Description of the post: | | |  | | |
| Name and surname of the person responsible for radiation protection: | | |  | | |

**2. Consignee:**

Name and headquarters:

Unique tax number:

Consignee’s authorised person:

Telephone: Fax:

E-mail:

**3. Permit for performing an activity with ionising radiation sources for a consignee (final user):**

Permit number:

Date of issuing the permit:

**4. Transportation by:**

Transporter:

Address, city:

Country:

**5. Permit for transport of radioactive sources:**

Permit number:

Date of issuing the permit:

1. **Description of goods:**

Tariff designation:

Description of tariff designation:

Trade description:

Radionuclide/X-ray machine/other:

Chemical/physical form of the radionuclide:

Initial activity of radionuclide (MBq):

Date of initial activity:

Purpose:

Manufacturer:

Address/city:

Country:

Consigner/exporter:

Address/city:

Country:

Number of sources:

Total activity (MBq)/maximum voltage (kV):

Description of container/X-ray machine/other:

Type of container/X-ray machine/other:

Serial number:

Certificate number:

|  |  |  |
| --- | --- | --- |
| Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Stamp) | Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |