



Republic of Mauritius

RADIATION SAFETY AND NUCLEAR SECURITY AUTHORITY

APPLICATION FOR EXPORT PERMIT

Note: Please read the attached **notes and instructions** to complete this application form.

1. APPLICANT

| | |
|--|--|
| Name of Applicant (Please use BLOCK letters) | |
|--|--|

2. CONTACT PERSON

| | | | | | |
|--------------------|--|---------------|--|--------------|--|
| Name | | | | | |
| Designation | | | | | |
| Address | | | | | |
| | | | | | |
| Tel. | | Mobile | | Email | |

3. CONSIGNEE

| | | | | | |
|--------------------|--|---------------|--|--------------|--|
| Name | | | | | |
| Designation | | | | | |
| Address | | | | | |
| | | | | | |
| Tel. | | Mobile | | Email | |

For office use only:

| | | | | | | | | | | | |
|----------------------------|----|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---|--------------------------------|--------------------------------|--------------------------------|--|
| Application Number: | AE | - | <input type="text" value="Y"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | - | <input type="text" value="X"/> | <input type="text" value="X"/> | <input type="text" value="X"/> | |
| Facility Number: | RF | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | |

4. DETAILS OF RADIATION GENERATOR¹

| | | | |
|-----------|-------------------------------|-----------------------|--------------------------|
| A. | A.1 Type of equipment | A.2 Make | A.3 Model |
| | A.4 Maximum kV | A.5 Maximum mA | A.6 RNSA Reg. No. |
| B. | Purpose of Exportation | | |

¹ Use additional sheet for more than one Radiation Generator.

5. DETAILS FOR SEALED SOURCE²

| | | | |
|-----------|---|----------------------------------|--------------------------|
| A. | A.1 Type of Associated Equipment | | A.2 RNSA Reg. No. |
| | A.3 Radionuclide(s) | A.4 Maximum Activity/Date | A.5 RNSA Reg. No. |
| B. | Purpose of Exportation | | |

² Use additional sheet for more than one Sealed Source.

6. DECLARATION

I,.....,
on behalf of(self, or name of organisation),
in my capacity as(designation),
do hereby declare that to the best of my/our knowledge and belief, all information contained
herein, including any supplements attached hereto, are true and accurate.

Signature

Date

NOTES AND INSTRUCTIONS

These notes and instructions are intended to assist in the completion of the Application Form. For any additional information regarding the exportation of radiation sources, please contact the Radiation Safety and Nuclear Security Authority (Tel: 434-3000; Fax: 434-2868; Email:rsnsa@govmu.org).

1. This application form should solely be used for exportation of radiation sources.
2. Every section of the application form is mandatory and must be duly completed. Use the abbreviation "N/A" for Not Applicable wherever appropriate.
3. The duly filled in application form should be sent to:

The Director,
Radiation Safety and Nuclear Security Authority,
Royal Road, Helvetia,
Moka.

4. The Contact Person is a person in the Applicant's Organisation/Department who may be contacted for additional information or clarification by the Authority.

Note: The Contact Person may also be the Applicant.

5. The consignee is any person or organisation that is entitled to take delivery of a consignment. The Applicant should provide details of the Contact Person in the Consignee's Organisation/Department who may be contacted by the Authority for any additional information/clarification.
6. The declaration should be completed and signed by the head of the organisation/department or his representative.