ANNEX I

SHIPMENT OF SEALED SOURCES BETWEEN THE MEMBER STATES OF THE EUROPEAN COMMUNITY

Standard document to be used pursuant to Council Regulation (EEC) No 1493/93

Notice

- The consignee of sealed sources must complete boxes 1 to 5 and send this form to the relevant competent authority in his country.
- The competent authority of the consignee Member State must fill in box 6 and return this form to the consignee.
- The consignee must then send this form to the holder in the forwarding country prior to the shipment of the sealed sources.
- All sections of this form must be completed and boxes ticked, where appropriate.

1.	THIS DECLARATION CONCERNS:	ONE SHIPMENT		is form is				
		completed unless otherwise stated in box 6) expected date of shipment (if available):						
		SEVERAL SHIPMENT	TS (Th	is form is crwise stated i	valid for			
2.	DESTINATION OF THE SOURCE(S)							
	Name of consignee:					••••••		
	Person to contact:	••••••	***************************************					
	Address:							
				************	• • • • • • • • • • • • • • • • • • • •	••••••	••••••	
	Tel.:	Fax:					•	
3.	HOLDER OF THE SOURCE(S) IN TH	E FORWARDING C	COUNTRY				 	
	Name of holder:							
	Person to contact:							
	Address:							
	Tel.:				************		*******	
	TGI.	Fax:						
(DESCRIPTION OF THE SOURCE(S) INVOLVED IN THE SHIPMENT(S)							
	(a) Radionuclide(s):	Ţ						
	(b) Maximum activity of individual source	(MBq):						
	(c) Number of sources:						·	
	(d) If this (these) sealed source(s) is (are) mounted in (a) machinery/device/equipment, short description of the machinery/device/equipment:							
	(e) Indicate (if available and requested by the competent authorities): - national or international technical standard with which the sealed source(s) complies(y) and certificate number:							
	- date of expiry of certification:							
	- name of the manufacturer and catalogue reference:							

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	-	I, the consignee, hereby certify	that the information provided in the	nis form is correct.				
	 I, the consignee, hereby certify that I am licensed, authorized or otherwise permitted to receive the source(s) described in this form. Licence, authorization or other permission number (if applicable) and validity date thereof: 							
	-	- I, the consignee, hereby certify that I comply with all the relevant national requirements, such as those relating to the safe storage, use or disposal of the source(s) described in this form.						
	Na	ıme:	Signature:	Date:				
		AS TAKEN NOTE OF THIS I	Stamp:					
Nai	me	of the authority:						
Tel		······································	Fax:	<u></u>				
Dat	e:							
Thi	s de	eclaration is valid until (if applic	cable):					
		•		- ·				

Please see box 1, page 1, for guidance on the length of time this form is valid.