You can only use this form if you are applying for one of the radioactive substances activities described in the two boxes below. You may only apply for one registration using this form. If you need more than one registration you should send a separate application for each registration. You are strongly encouraged to read our guidance on “How to apply for RS authorisations” before you submit this form. Applications which are incomplete or incorrectly completed will be returned.

**How to use this form.** You must complete section A, B and C of this form. Complete section A by checking the box of the radioactive substances activity you wish to be authorised and then confirming all applicable statements and providing any requested information.

**Section A**

**A1** **Outwith Scotland Registration**

The management, other than disposal, of sealed sources in Scotland for a period not exceeding 4 consecutive months that are normally and legally kept in a part of the UK other than Scotland.

To be eligible for this Registration you must be able to confirm the following statements:

I confirm that I have a permit from a UK environment agency that allows the keeping and use of the sealed radioactive sources I intend to use in Scotland.

The permit number is Your other agency permit number and was issued by Choose an item.

I confirm that the sealed radioactive sources will not normally be kept in Scotland for more than 4 consecutive months.

I confirm that my practice is justified.

The applicable radioactive substances standard conditions for this Registration are A, B, C, D, F (and E if you have HASS). I confirm that I have that read, understood and am able to comply with these conditions.

**A2** **Non-Nuclear Registration**

The management of unsealed radioactive substances that have a total activity not exceeding 10 GBq Tc-99m and 20 MBq of all other radionuclides with no disposals to the environment other than those allowed by the standard conditions G.3 to G.5

To be eligible for this Registration you must be able to confirm the following statements:

I confirm that the total activity of radioactive substances I will hold will not exceed 10 GBq

Tc-99m and 20 MBq of any other radionuclide.

I confirm that my practice is justified.

The applicable radioactive substances standard conditions for this Registration are A, B, C, and G. I confirm that I have that read, understood and am able to comply with these conditions.

Any personal data that you have been asked to provide on this form and as part of this application process will be held and processed in accordance with SEPA’s Privacy notice, available on SEPA’s website.

**Section B**

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| **1a. Please provide details of the legal person who will hold the registration.** The person can be a sole trader, a partnership or a company. | |
| **Legal Business Name:** | Click here to enter text. |
| **Legal Status** | Please select an option from the drop down list. |
| **Trading/Business Name (if different):** | Click here to enter text. |
| **Company Registration number (if applicable):** | Click here to enter text. |
| **Official/Registered Office Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |

**SITE DETAILS**

|  |  |
| --- | --- |
| **1b. Outwith Scotland registration:** For sealed radioactive sources normally kept outwith Scotland, please provide details on where the sources are usually kept when not in Scotland.  **For non-nuclear registration:** Please provide details of the premises where the radioactive substances activity will be carried out**.** | |
| **Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
|  | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |
| **Local Authority** | Select a Local Authority. |
| **National Grid Reference (NGR)** | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | … | … |  | … | **…** | … | ... |  | … | … | …. | ... | |

**CONTACT DETAILS**

|  |  |
| --- | --- |
| **1c. Please provide details about the person who we may contact about the application.** This may be someone in your organisation or it could be a consultant. | |
| **Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |
| **Position/Designation:** | Click here to enter text. |

|  |  |
| --- | --- |
| **1c. Please provide details of the contact and billing address for invoices to be sent.** The registration, if granted will attract an annual subsistence fee. This is the person who we can send the bill. | |
| **Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |
| **Position/Designation:** | Click here to enter text. |
| **SEPA account number (if known):** | Click here to enter text. |

**Section C**

**REMITTANCE INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1k. Please provide payment details for the application** | | | | | | | |
| Please ensure you submit the correct fee for your application. This fee is reviewed every year. For latest fees please consult the latest [Environmental Regulation (Scotland) Charging Scheme](https://www.sepa.org.uk/regulations/authorisations-and-permits/charging-schemes/charging-schemes-and-summary-charging-booklets/) on the SEPA website ([www.sepa.org.uk](http://www.sepa.org.uk) and search for ‘charging schemes and summary charging booklets’) or contact your local SEPA office. | | | | | | | |
| **BACS** | Sort Code | | 83-34-00 | **IMPORTANT!** When paying by BACS or direct transfer you MUST submit remittance advice or proof of payment with your application form. If this is not received the application will be deemed invalid and returned to you, as SEPA is unable to process your application without this. | | |  |
| A/C Number | | 00137187 |
| **Credit/Debit Card** | Payment is accepted by all major credit/debit cards. Please include payment contact details below so that we can take payment securely | | | | | |  |
| Name | Click here to enter text. | | | Tel: | Click here to enter text. |
| **Cheque** | Made payable to “SEPA” and **must** be included with a printed application form | | | | | |  |
| **Amount payable** | £ insert fee. | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION: Please read the declaration and complete the boxes below** | | | |
| *I/we hereby apply for authorisation under the Environmental Authorisations (Scotland) Regulations 2018 in respect of the premises referred to in Section 1 and in respect of the management of radioactive substances of the description and quantities referred to in this application. I/we declare that to the best of my/our knowledge the particulars in each section of this application are true and accept that the information contained in the application may form part of the publically available information held by the Scottish Environment Protection Agency and relevant public registers. I/we have read the data protection notice and understand the implications of the General Data Protection Regulation (GDPR)* | | | |
| Signature: |  | Date: | Click or tap to enter a date. |
| Name: | Click here to enter text. | Position: | Click here to enter text. |
| Authorised on behalf of (company, corporate body, firm etc.) | | Click here to enter text. | |

|  |  |
| --- | --- |
| **APPLICATION CHECKLIST: Once you have completed all parts of the application, please use this checklist to indicate the items you have completed and are sending us as part of the application.** | |
| One copy of the completed application form |  |
| Payment made using a suitable payment method |  |
| Remittance Advice/Proof of Payment (if applicable) |  |
| Declaration signed |  |
| Supporting documents/information- please list documents included | List supporting docs/info here. |