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**Application for TRANSFER of**

**RADIOACTIVE SUBSTANCES AUTHORISATION**

**Under the**

**Environmental Authorisations (Scotland) Regulations 2018**

**YOU MUST USE THIS FORM TO APPLY TO TRANSFER AN EXISTING PERMIT OR REGISTRATION TO ANOTHER PERSON**

If you want to transfer either a permit or a registration to another person\*, you must apply jointly with that person, using this form. If both declarations cannot be signed for any reason, please contact SEPA at [RSenquiries@sepa.org.uk](mailto:RSenquiries@sepa.org.uk) before making the application.

\*This includes the changing of your registered company details.

SEPA will not add, replace, amend or delete any bespoke condition or limit attached to a permit as part of the transfer application. Should you wish to alter a bespoke condition or limit, you will need to apply for a variation either before or after the transfer application has been granted. Application forms are available on the SEPA [website](https://www.sepa.org.uk/regulations/authorisations-and-permits/application-forms/). Transfers are currently free of charge.

**Who signs the application?**

The existing authorised person (transferor) and the proposed authorised person (transferee) must both sign the form as it is a joint application.

If you are making an application on your own behalf and you are the transferor or transferee, then you should sign the application form. If the application is being made on behalf of an organisation which is the transferor or transferee, then the person(s) signing the declaration should have the authority to sign the application on behalf of that organisation.

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.

**APPLICATION FOR TRANSFER**

**REASON FOR TRANSFER**

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| --- |
| 1. **Please give details of the reason(s) for the transfer.** |
| Click here to enter text. |

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| 1. **Proposed date of transfer** | Click or tap to enter a date. |

**CONTACT FOR THE TRANSFER APPLICATION**

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| 1. **Please provide details about the individual that we may contact about the application.** If there are more than one (e.g. one for both the transferor and transferee), please provide the detail on a separate sheet. | |
| **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. |

**DETAILS OF THE AUTHORISATION**

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| 1. **Permit/Registration reference** | Click here to enter text. |

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| 1. **Please provide details of the current authorised person (the transferor).** | |
| **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. |

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| 1. **Please provide details of the premises to which the application relates.** If the application relates to an authorisation for mobile sources, please provide the location of where the sources are normally kept. | |
| **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. |

**DETAILS OF THE PERSON TAKING ON THE AUTHORISATION (TRANSFEREE)**

|  |  |
| --- | --- |
| 1. **Please provide details of the proposed authorised person.** This can be an individual, a partnership, a company or some other organisation. | |
| **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. |

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| 1. **I confirm that I will be the person in control of the radioactive substances activity and can comply with the conditions of the authorisation.** |  |

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| 1. **Please provide details of the contact and billing address for future invoices to be sent.** Once transferred, you will be liable for the subsistence fee for the authorisation. | |
| **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. |

**FINANCIAL PROVISION FOR HASS PERMITS**

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| 1. **What arrangements for financial provision for the safe management of any sealed sources that are also high-activity sealed sources (HASS)** **do you have in place?** |
| Click here to enter text. |

**DECLARATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please read the declaration and sign the appropriate box.** | | | | |
| *I/we hereby apply for transfer of the authorisation made under the Environmental Authorisations (Scotland) Regulations 2018 in respect of the premises referred to above and in respect of the management of radioactive substances. 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)* | | | | |
| Transferor | Signature: |  | Date: | Click or tap to enter a date. |
| Name: | Click here to enter text. | Position: | Click here to enter text. |
| Transferee | Signature: |  | Date: | Click or tap to enter a date. |
| Name: | Click here to enter text. | Position: | Click here to enter text. |

**APPLICATION CHECKLIST**

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| **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 |  |
| Declarations signed by both parties |  |
| Supporting documents/information- please list documents included | List supporting docs/info here. |