

**Radioactive Substances Act 1993 (as amended)**

**SEALED SOURCE REGISTRATION APPLICATION FORM**

For the application to be deemed to be duly made, all applicable sections of this application form must be completed legibly in black ink (if printing prior to completing), the form signed and the appropriate fee included with the application.

Please refer to the accompanying Radioactive Substances Applications Guidance for Sealed Source Registration form for further information regarding the detail required when answering each question in each section of the application.

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 Policy, available on SEPA’s website.

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| **Which one of the following applications you are making? (see guidance note on p4)** |

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|  | **Tick applicable box(es) below** | | **List Existing Certificates** | **Reason for  Application** |
| *New Registration* | Section 7 | Section 10 | Click here to enter text. | Click here to enter text. |
| (complete sections  1, 2 & 3) | |
| *Variation* | Section 7 | Section 10 | Click here to enter text. | Click here to enter text. |
| (complete sections  1, 2 & 3, as applicable) | |
| *Cancellation* | Section 7 | Section 10 | Click here to enter text. | Click here to enter text. |
| (complete sections  1 & 3) | |

*(Section 7 Registration is for a fixed location source and Section 10 Registration is for mobile radioactive apparatus)*

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| **List all other SEPA issued permits** | Click here to enter text. |



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**SECTION 1 – GENERAL INFORMATION**

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| **Name of Site** |

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| **1a Please provide details of the premises to which this application refers**  *(see guidance note on p4)* | |
| **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. |

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| **1b Please state the local government area in which the premises are situated**  *(see guidance note on p5)* |
| Click here to enter text. |

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| **1c Please give the grid reference of the main entrance to the premises**  *(see guidance note on p5)* |
| **Ordnance Survey national grid reference 8 characters,**  ***For example SJ 1234 5678***   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **Legal Status of Applicant** |

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| **1d Please describe the applicant’s undertaking** *(see guidance note on p5)* |
| Click here to enter text. |

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| **1e Please indicate what the legal status of the applicant is by selecting one option from the drop down menu.** *(see guidance note on p5)* |

Please select an option from the drop down list.

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| **Applicant Details** |

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| Full Name of Applicant | Click here to enter text. |
| Trading/Business Name of Applicant (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 Number | Click here to enter text. |
| Fax Number | Click here to enter text. |
| Email Address | Click here to enter text. |

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| **Applicant Contact Details** |

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| **1f Please provide details about the person that we may contact about the application**  *(see guidance note on p6)* | |
| **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:** | Click here to enter text. |
| **Position / Designation:** | Click here to enter text. |

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| **1g Please provide details about the site contact or responsible person if different from the person above** *(see guidance note on p6)* | |
| **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:** | Click here to enter text. |
| **Position / Designation:** | Click here to enter text. |

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| **1h Please provide details of the contact and billing address for invoices to be sent to**  *(see guidance note on p6)* | |
| **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:** | Click here to enter text. |
| **Position / Designation:** | Click here to enter text. |



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**SECTION 2 – APPLICATION DETAILS**

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| **Details of the registered sealed sources to be kept and used** |

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| **2a. Please state for what justified practice you will be using the registered sealed sources**  *(see**guidance note on p7)* |
| Click here to enter text. |

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| **2b. Please provide details in the table below of the registered sealed sources to be kept or used** *(see guidance note p7& use the key indicators specified below the table)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Radionuclide or group of radionuclides** | **Maximum**  **Number** | **Maximum Activity**  **(Individual)**  **[Bq]** | **Maximum Activity**  **(total per radionuclide) [Bq]** | **Purpose for which the registered sealed sources will be used** | **Type of change requested** *(see key below)* |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Enter N, I R or U |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Enter N, I R or U |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Enter N, I R or U |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Enter N, I R or U |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Enter N, I R or U |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Enter N, I R or U |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Enter N, I R or U |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Enter N, I R or U |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Enter N, I R or U |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Enter N, I R or U |

**Key: (N) = new request, (I) = increase requested, (R) = reduction requested, (U) = unchanged**

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| **2c. Please provide details in the table below of the location where the registered sealed sources will be kept or used** *(see guidance note on p8)* |

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| **Building or location name or number** | **Radionuclide** | **Total Activity [Bq]** |
| Click here to enter text. | Click here to enter text. | Activity in Bq. |
| Click here to enter text. | Click here to enter text. | Activity in Bq. |
| Click here to enter text. | Click here to enter text. | Activity in Bq. |
| Click here to enter text. | Click here to enter text. | Activity in Bq. |

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| **2d. Please provide details in the table below of any depleted uranium being kept or used in association with the registered sealed sources**  *(see guidance note on p9)* |

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| **Type of item incorporating depleted uranium** | **Total number of items incorporating depleted uranium** | **Total mass of items incorporating depleted uranium** | **Location of items incorporating depleted uranium** |
| Click here to enter text. | Total number | Total mass | location |
| Click here to enter text. | Total number | Total mass | location |
| Click here to enter text. | Total number | Total mass | location |
| Click here to enter text. | Total number | Total mass | location |

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| **Movement of sources** |

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| **2e. Do you intend to move the registered sealed sources from the premises?**  *(see guidance note on p9)* |
| **Yes  No**  **Give details:**  Click here to enter text. |

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| **2f. Do you intend to lend or hire the registered sealed sources?**  *(see guidance note on p10)* |
| **Yes  No**  **Give details:**  Click here to enter text. |

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| **End of life** |

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| **2g. Please state what you intend to do with the registered sealed sources at the end of life** *(see guidance note on p10)* |
| Click here to enter text. |

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| **Safe management of high activity source(s) (HASS)** |

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| **2h. Please provide details of the arrangements for the safe management of any registered sealed sources that are also High-Activity sources (HASS)** *(see guidance note on p11)* |
| **Have you put in place suitable arrangements (i.e. financial provision) for the safe management of high-activity sources?**  **Yes  No**  **If no, please state when such arrangements will be in place:**  Click here to enter text.  **If yes, please provide details and include supporting evidence with your application:**  Click here to enter text. |



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**SECTION 3 – ADDITIONAL INFORMATION**

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| **Supporting Documents and Attachments** |

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| **3a. Please list any and all supporting documents or additional pages supplied.**  *(see guidance note on p11)* |
| Click here to enter text. |

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| **National Security and Trade Secrets** |

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| **3b Please inform us about any National Security or Commercial in Confidence Claim**  *(see guidance note on p12)* |
| **Is there any information that you believe should be kept from the public register on the grounds of national security?**  **Yes  No**  **Is there any information that you believe should be kept from the public register on the grounds of it being a trade secret (commercial in confidence)?**  **Yes  No** |

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| **Remittance information** |

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| **3c Please provide payment** **details for the application fee** *(see guidance note on p13)* |
| **Does your application require payment of an application fee or fees?**  **Yes  No**  **If no fee is required, please indicate why (e.g. decrease in registered limits)**  Click here to enter text.  **If YES, please state amount paid** Click here to enter text.  **Please tick a box to indicate the payment method for this application:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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. Failure to submit payment with the application form will result in the application being deemed ‘not duly made’. |  | | A/C number | 00137187 | | **QuickPay** | **Payment reference number** Click here to enter number  *Go to the Applications page on the SEPA website to make payment by credit or debit card. Please note that payments by credit card attract a surcharge.* | | |  |   **PLEASE NOTE FAILURE TO PROVIDE PAYMENT OF THE RELEVANT FEE WILL RESULT IN YOUR APPLICATION BEING DEEMED NOT DULY MADE AND RETURNED TO YOU.** |

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| **Declaration** *(see guidance note on p13)* |

**I/we hereby apply for registration/authorisation under section(s) 7, 10 and/or 13/14 of RSA 93 in respect of the premises referred to in Section 1 and in respect of the keeping and use or accumulation and disposal of radioactive material or waste of the description and quantities referred to within 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 form may form part of the publicly available information held by the Scottish Environment Protection Agency and relevant public registers. I have read the** [**privacy policy**](https://www.sepa.org.uk/help/privacy-policy/) **and understand the implications of the General Data Protection Regulation (GDPR).**

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| **Signed:………………………………………………. Print name:………………………………..**  **Position & designation:** Click here to enter text. **Date:** Click arrow to enter a date.  **Authorised on behalf of:** Click here to enter text.  **(company, corporate body, firm etc.)** |

**Email completed form, proof of payment and any supporting documentation to** [**Registry@sepa.org.uk**](mailto:Registry@sepa.org.uk)