

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

**MODULAR 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 Modular Application Form Guidance** document 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.

|  |
| --- |
| **Please state which of the following application(s) you are making** *(see guidance note on p3)* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nuclear Sites** | **Tick applicable box(es) below** | **List Existing Certificates** | **Reason for Application** |
| *New Authorisation* | [ ] (complete section 1) | Click here to enter text. | Click here to enter text. |
| *Variation* | [ ] (complete section 1) | Click here to enter text. | Click here to enter text. |
| *Revocation* | [ ] (complete section 1) | Click here to enter text. | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Non-Nuclear Authorisation** | **Tick applicable box(es) below** | **List Existing Certificates** | **Reason for Application** |
| *New Authorisation* | [ ] (complete sections 1 & 3,5,6,7,8 where applicable) | Click here to enter text. | Click here to enter text. |
| *Variation* | [ ] (complete section 1 & 3,4,5,6,7,8 where applicable) | Click here to enter text. | Click here to enter text. |
| *Revocation* | [ ] (complete section 1) | Click here to enter text. | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Unsealed Source Registration** | **Tick applicable box(es) below** | **List Existing Certificates** | **Reason for Application** |
| *New Registration* | [ ]  (complete sections 1 & 2) | Click here to enter text. | Click here to enter text. |
| *Variation* | [ ] (complete section 1, and section 2 where applicable) | Click here to enter text. | Click here to enter text. |
| *Cancellation* | [ ] (complete section 1) | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| **List all other SEPA issued permits relevant to this site** | Click here to enter text. |



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

**APPLICATION FORM**

**SECTION 1 – GENERAL INFORMATION**

|  |
| --- |
| **Site Details** |

|  |
| --- |
| **1a Please provide details of the premises to which this application refers***(see guidance note on p7)* |
| **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. |
| If applicable: |
| **Offshore Installation Name:** | Click here to enter text. |
| **Block Number:** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |

|  |
| --- |
| **1b Please state the local government area in which the premises are situated***(see guidance note on p7)* |
| Click here to enter text. |

|  |
| --- |
| **1c Please give the grid reference of the main entrance to the premises** *(see guidance note on p8)* |
| **Ordnance Survey national grid reference 8 characters,*****For example SJ 1234 5678***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |  |       |       |       |       |  |       |       |       |       |

 |

|  |
| --- |
| **Legal Status of Applicant** |

|  |
| --- |
| **1d Please describe the applicant’s undertaking** *(see guidance note on p8)* |
| Click here to enter text. |

|  |
| --- |
| **1e Please indicate what the legal status of the applicant is by selecting one option from the drop down menu** *(see guidance note on p8)* |

Please select an option from the drop down list.

|  |
| --- |
| **Applicant Details** *(see guidance note on p9)* |

|  |  |
| --- | --- |
| 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. |

|  |
| --- |
| **Applicant Contact Details** |

|  |
| --- |
| **1f. Please provide details about the person that we may contact about the application***(see guidance note on p9)* |
| **Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Telephone number:** | Click here to enter text. |
| **Position / Designation:** | Click here to enter text. |

|  |
| --- |
| **1g. Please provide contact details for person responsible for day to day management of radioactive substances on site** *(see guidance note on p9)* |
| **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. |

|  |
| --- |
| **1h. Please provide details of the contact and billing address for invoices to be sent to***(see guidance note on p9)* |
| **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. |
| **SEPA account number, if known:** | Click here to enter text. |

|  |
| --- |
| **Supporting Documents and Attachments** |

|  |
| --- |
| **1i Please list any supporting documents or additional pages supplied.***(see guidance note on p9)* |
| Click here to enter text. |

|  |
| --- |
| **National Security and Trade Secrets** |

|  |
| --- |
| **1j Please inform us about any National Security or Commercial in Confidence Claim***(see guidance note on p10)* |
| **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** [ ]  |

|  |
| --- |
| **Remittance Information** |

|  |
| --- |
| **1k Please provide payment** **details for application fee.** *(see guidance note on p11)* |
| **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.** |

|  |
| --- |
| **Declaration** *(see guidance note on p11)* |

**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)..**

|  |
| --- |
| **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**