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**Application for PERMIT of**

**SEALED RADIOACTIVE SOURCES**

**under the**

**Environmental Authorisations (Scotland) Regulations 2018**

This form is **only** for permits authorising **the management of** **sealed radioactive sources, including high activity sealed sources (HASS).**

You must use this form to:

* **APPLY FOR A NEW PERMIT**
* **VARY THE CONDITIONS OR LIMITS OF AN EXISTING PERMIT**

Further guidance on completing this application can be found in the *Sealed Source Permit Application Form Guidance,* available on the SEPA [website](https://www.sepa.org.uk/regulations/authorisations-and-permits/application-forms/).

Applications for transfers, surrenders and unsealed sources/radioactive waste are available on the SEPA [website](https://www.sepa.org.uk/regulations/authorisations-and-permits/application-forms/).

**Security Considerations**

SEPA would urge you to be aware of the sensitivity of the information contained within the application and to take suitable precautions to prevent the loss or theft of that information. Information security will be a requirement of the permit. If you have any queries on how this information should be handled, you are urged to contact SEPA at the earliest opportunity. The completed form should be submitted using a secure email service such as Egress Switch or PNN.

Sealed source permit applications will be shared with the police Counter Terrorism Security Advisers (CTSAs), who may choose to visit you to assess the security of your sources. The CTSAs will advise SEPA on the adequacy of your security measures and may recommend improvements. The security requirements are set out in a separate document which the CTSAs will provide to you on request.

SEPA will attach several standard conditions to your permit, depending on what you have applied for. We would recommend that you read the suite of standard conditions before you apply. They can be obtained on SEPA’s website.

**All reference notes in this form relate to the Sealed Source Application Form Guidance available on the SEPA** [**website**](https://www.sepa.org.uk/regulations/authorisations-and-permits/application-forms/)**. We encourage you to read the guidance when completing this form.**

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 1 - GENERAL INFORMATION**

**TYPE OF APPLICATION**

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| **1a. Please state which of the following applications you are making** *(see guidance note on p3)* |

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| --- | --- | --- | --- |
| **Type of application** | **Relates to High Activity Sealed Sources (HASS)** | **List existing permit** | **Reason for**  **application** |
| New | Choose an item. |  | Click here to enter text. |
| Variation\* | Choose an item. | Click here to enter text. | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| \*Type of variation | Substantial | Standard |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| **1b. Please provide details of the legal person who will hold the permit** *(see guidance note on p3)* | |
| **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**

|  |  |
| --- | --- |
| **1c. Please provide details of the premises to which the application refers** *(see guidance note on p3)* | |
| **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. |

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| **1d. Please give the grid reference of the main entrance to the premises** *(see guidance note on p4)* |
| Ordnance Survey national grid reference 8 characters,  *For example SJ 1234 5678*   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **1e. Please state the local government area in which the premises are situated** *(see guidance note on p4 – where applicable please select ‘outwith Scotland’).* |
| Choose an item. |

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| **1f. To meet with the requirements of this application you must have a recognised Justified Practice.** Details of Justified Practices can be found in the government’s *Justification of Practices Involving Ionising Radiation Regulations 2004* document ([link](https://www.gov.uk/government/publications/the-justification-of-practices-involving-ionising-radiation-regulations-2004-guidance-on-their-application-and-administration)) *(see guidance note on p4)* |
| I confirm that my Practice is Justified |

**CONTACT DETAILS**

|  |  |
| --- | --- |
| **1g. Please provide details about the individual that we may contact about the application** *(see guidance note on p4)* | |
| **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. |

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| **1h. Please provide details of the contact and billing address for invoices to be sent** *(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. |
| **Email Address:** | Click here to enter text. |
| **Position/Designation:** | Click here to enter text. |
| **SEPA account number (if known)** | Click here to enter text. |

**REMITTANCE INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please provide payment details for the application** *(see guidance note on p7)* | | | | |
| 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 |
| **Online Payment** | **Payment reference number** Click here to enter number  *Go to* [Welcome to Online Payments | Scottish Environment Protection Agency (SEPA)](https://www.sepa.org.uk/about-us/welcome-to-online-payments/)*on the SEPA website to make payment by credit or debit card.* | | |  |
| **Amount payable** | £ insert fee. | | | |

**DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please read the declaration and complete the boxes below** *(see guidance note on p5)* | | | |
| *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. I/we have read the data protection notice and understand the implications of the General Data Protection Regulation (GDPR)* | | | |
| The signature box below is formatted to allow the insertion of a scanned signature | | | |
| Signature: |  | Date: | Click here to enter text. |
| 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**

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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.** *(see guidance note on p5)* | |
| 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. |

**SECTION 2: FURTHER INFORMATION**

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| **2a. Please provide details in the table below of the sealed sources to be managed** *(see guidance note on p6 & 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 source(s) will be used** | **Type of change request** *(see key below table)* |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Choose an item. |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Choose an item. |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Choose an item. |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Choose an item. |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Choose an item. |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Choose an item. |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Choose an item. |
| Enter radionuclide(s) | Enter number | Activity in Bq | Activity in Bq | State purpose | Choose an item. |

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

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| **2b. Please provide details in the table below of the security category of each source and the aggregate security group of all sources** *(see guidance note on p6)* |

|  |  |  |
| --- | --- | --- |
| **Radionuclide** | **Individual security category** | **Aggregate security category** |
| Enter radionuclide. | Enter individual source security category | Enter aggregate security category. |
| Enter radionuclide. | Enter individual source security category |
| Enter radionuclide. | Enter individual source security category |
| Enter radionuclide. | Enter individual source security category |

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| **2c. Please provide details in the table below of the location where the sealed sources will be managed** *(see guidance note on p7)* |

|  |  |  |
| --- | --- | --- |
| **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. |

**FINANCIAL PROVISION FOR HASS**

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| **2d. What arrangements for financial provision for the safe management of any sealed sources that are also high-activity sources (HASS) do you have in place?** *(see guidance note on p7)* |
| Click or tap here to enter text. |

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| **2e. Do you intend to carry out your activities with the sealed sources away from your premises?** *(see guidance note on p8)* |
| Yes  No  Give details:  Click here to enter text. |

**NEW PERMIT APPLICATIONS ONLY**

**The following questions only need to be completed for applications for a new permit.**

|  |  |
| --- | --- |
| **2f. Please provide information on who is responsible and the organisational arrangements for protection and safety with regard to public exposure from managing the sealed sources.** *(see guidance note on p9)* | |
| Click or tap here to enter text. | |
| **2g. Please provide information on the competencies and training of staff involved in managing the sealed sources.** *(see guidance note on p9)* | |
| Click or tap here to enter text. | |
| **2h. Can you confirm that the design features of your premises and of the radiation sources will ensure adequate protection against public exposure and provide suitable security?** *(see guidance note on p9)* | Choose an item. |
| **2i. Do you have emergency procedures relating to the sealed sources?** *(see guidance note on p10)* | Choose an item. |
| **2j. Do you have arrangements to maintain, test, inspect and service the sealed sources and the relevant equipment and facilities to ensure they continue to meet the design requirements, operational limits and conditions of operation throughout their lifetime?** *(see guidance note on p10)* | Choose an item. |
| Click or tap here to enter text. | |
| **2k. Please provide details on what you intend to do with the sealed sources when they are no longer needed.** *(see guidance note on p10)* | |
| Click or tap here to enter text. | |
| **2l. Please provide details of how you intend to provide quality assurance for the radioactive substances activity.** *(see guidance note on p10)* | |
| Click or tap here to enter text. | |
| **2m. Please indicate if you hold depleted uranium, and if so, please describe in the box below the type(s) of depleted Uranium that you have** *(see guidance note on p11)* | Choose an item. |
| Click or tap here to enter text. | |