APPENDIX 4

Template B4

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|  | **REPUBLIC OF MACEDONIA**  Radiation Safety Directorate |  |

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: TRANSPORT**

**1. Information on the entity submitting the request:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unique tax number: | |  | | | |
| Name of the legal entity: | |  | | | |
| Headquarters of the legal entity: | |  | | | |
| Telephone: |  | Fax: |  | E-mail: |  |
| Name and surname of the authorised person: Description of the post: | | |  | | |
| Name and surname of the person responsible for radiation protection: | | |  | | |

**2. Type of radioactive sources for which a transport permit is requested:**

(Please include the appropriate information on the ionising radiation sources in accordance with the regulations on ionising radiation protection and radiation safety)

**3. Individuals involved in the transport of radioactive sources:**

|  |  |  |
| --- | --- | --- |
| Name and surname | Qualifications (expertise) | ADR permit number / validity |
|  |  |  |
|  |  |  |
|  |  |  |
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**4. Purpose of the transport:**

Purpose for which the transport permit is requested *(please circle as appropriately)*

a. Sale

b. Import/export delivery

c. Other

1. **Vehicle information:** (type of vehicle, registration number, vehicle licence, ADR vehicle certificate)
2. **Protective equipment:**
3. **Radiation designations:**
4. **Radiation protection programme, Radiation emergencies plan and Programme for quality assurance and safety control:**
5. **Information on the container for storage and transport of the radioactive source:**

|  |  |  |
| --- | --- | --- |
| Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Stamp) | Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |