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| Applicants, please enter your **Job No. Reference** here: | **Permit** **number:**   **(office use only)** |

Application for Permission to Import Non-medical Radioactive Substances

**Customs (Prohibited Imports) Regulations 1956 REG.4R**

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| Single shipment permit: Section 1 - Details of applicant |

Details of the individual or company receiving the radioactive substance(s) who either holds an Australian jurisdictional radiation regulator authorisation to receive the radioactive substance(s) or has been granted an exemption by the relevant regulatory authority.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | Name of applicant\* |  | | |
| **2** | Authorisation/Licence number\*  (Indicate ***EXEMPT*** if authorisation is not required) |  | Expiry date |  |
| **3** | Enter full name of jurisdictional issuing authority\* |  | | |
| **4** | Applicant’s contact name\* |  | Email |  |
| Telephone |  |
| **5** | Full name of Australian port of entry\* |  | **Australian state** where goods are to be Customs cleared\* |  |
| Indicate type of freight | □ Air freight □ Sea freight |

*\* Denotes mandatory field*

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| Applicants, please enter your **Job No. Reference** here: | **Permit** **number:**   **(office use only)** |

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| --- | --- | --- | --- | --- |
| **6** | Authorised company name and applicant address\* |  | | |
| **7** | Import customs agent name  (If applicable) |  | Email |  |
| Telephone |  |
| **8** | Import customs agent address  (If applicable) |  | | |
| **9** | Recipient of approved permit\* | Applicant  Customs agent | Processing method | Urgent  *(additional fee applies)*  Standard |
| **10** | Recipient of invoice\* | Applicant  Customs agent   Other (please specify): For information on how to make credit card and EFT payments refer to the [payment method section](https://www.arpansa.gov.au/about-us/payment) on our website. | | |
| **11** | Name and address of **overseas** supplier\* |  | | |

*\* Denotes mandatory field*

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| Applicants, please enter your **Job No. Reference** here: | **Permit** **number:**   **(office use only)** |

Application for Permission to Import Non-medical Radioactive Substances

**Customs (Prohibited Imports) Regulations 1956 REG.4R**

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| Single shipment permit: Section 2 - Details of non-medical radioactive substances (sources) |

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| No. | Description of item\*  (e.g. Industrial gauge | Unique ID/ serial no.  (where available) | Quantity\* | Radionuclide\* | Type of substance\*  (e.g. sealed or unsealed) | Chemical form  (e.g. CsCl) | Physical form\* (e.g. solid, liquid, gas) | Activity in becquerels\* (e.g. kBq, MBq, GBq, TBq) | Date activity was measured |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| \*Please indicate if any source has depleted uranium (DU) shielding  Yes  No | | | | | | If yes, indicate source item number(s): | | | |

*\* Denotes mandatory field*

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| Applicants, please enter your **Job No. Reference** here: | **Permit** **number:**   **(office use only)** |

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| Single shipment permit: Section 2 continued |

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| No. | Brief description of how the radioactive substance(s) will be used\* (e.g. chemical analysis, borehole logging, industrial gauging, industrial radiography) | |
| 1 |  | |
| 2 |  | |
| 3 |  | |
| 4 |  | |
| 5 |  | |
| 6 |  | |
| 7 |  | |
| 8 |  | |
| \*Are the above radionuclides security enhanced sealed sources as defined in [*Code of Practice for the Security of Radioactive Sources (2007)* (RPS No.11)](http://www.arpansa.gov.au/Publications/Codes/rps11.cfm)?  Yes  No | | If yes, indicate source item number(s): |

*\* Denotes mandatory field*

**Complete another copy of section 2 if there is insufficient space or more than 8 items in the shipment (insert blank page, copy and paste content).**

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| Applicants, please enter your **Job No. Reference** here: | **Permit** **number:**   **(office use only)** |

Application for Permission to Import Non-medical Radioactive Substances

**Customs (Prohibited Imports) Regulations 1956 REG.4R**

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| Single shipment permit: Section 3 – End user or distributor information |

NOTE: If the ‘applicant’ details differ from that of the ‘end user’ please append documented evidence of the end user’s request for the radioactive substance(s) with your application.

Please complete both PART A and PART B

|  |  |  |  |
| --- | --- | --- | --- |
| Part A: Proposed end user or distributor for each radioactive source (all fields must be completed) | | | |
| Item no. (*from section 2*) |  | Company name |  |
| Authorisation/licence No (*or* ***EXEMPT*** *if applicable*) |  | Company address |  |
| Authorisation jurisdiction |  |
| Contact name |  | | |
| Contact email |  | Telephone |  |
| **Part B: Proposed storage location for each radioactive source (all fields must be completed)** | | | |
| Item no. (*from section 2*) |  | Company name |  |
| Authorisation/licence No (o*r* ***EXEMPT*** *if applicable*) |  | Company address |  |
| Authorisation jurisdiction |  |
| Contact name |  | | |
| Contact email |  | Telephone |  |

**Please complete another copy of this page for each radioactive source (insert blank page, copy and paste content)**

|  |  |  |  |
| --- | --- | --- | --- |
| **I declare that the statements contained in this application are true and correct:** | | | |
| **Signature of applicant:** |  | **Name of applicant:** | **Date:** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Office use only**  **The Collector of Customs**  ARPANSA approves the import release of the radioactive substance(s) listed in **section 2** of this permit which is issued under Regulation 4R of the Customs (Prohibited Imports) Regulations 1956. | | |
| Authorised Officer: | Date: | Permit expiry date: |