



Application for Registration as an Importer, Exporter or Vendor of Radioactive Materials

Applicant

Name:

Address:

Contact Person:

Phone Number: Fax No.: E-mail:

Licensee Responsible for Safe Care of Materials

Please answer this section only if the Applicant will take possession of radioactive materials and do anything other than simply store those materials.

The following licensed person will assume responsibility for the safe care of radioactive materials while they are in the Applicant's possession:

Name:

Licence No.:

Applicant's Previous Experience

Applicant's previous experience with importing, exporting, selling and managing radioactive materials:

Declaration

The above information is true and correct.

Signed: Name:

Position: Date:

Please return completed form to: National Radiation Laboratory, PO Box 25-099, Christchurch or fax to 03 3535 667.