



# Application for Consent to Import Sealed Radioactive Materials

## Applicant

Name:

## Import

Expected Arrival  
Date in NZ:

Country  
of Origin:

Intended Use of  
Imported Goods:

Name of  
Supplier:

## Instrument

Make:

Model:

Type: *e.g. Nuclear  
Density Meter*

Serial No.  
(if known):

## Radioactive Source(s)

Source 1

Source 2 (if applicable)

Radionuclide and  
Activity (Bq):

Date Activity  
Measured:

Serial No.  
(if known):

## Purchaser (if not the Applicant)

Name:

Address:

Licensee responsible for safe care of radioactive  
materials upon delivery to the purchaser:

## Signature

Signed:

Name:

Position:

Date:

Fax No:

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