



Application for Consent to Sell Sealed Radioactive Materials

Applicant

Name:

Sale

Expected Date
of Sale:

Instrument

Make:

Model:

Type: *e.g. Nuclear
Density Meter*

Serial No.
(if known):

Radioactive Source(s)

Source 1

Radionuclide and
Activity (Bq):

Date Activity
Measured:

Serial No.
(if known):

Source 2 (if applicable)

Purchaser

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.