



# Application for Consent to Sell Unsealed Radioactive Materials

## Applicant

Name:

## Sale

Expected Date  
of Sale:

## Radioactive Source(s)

	Radionuclide and Activity (Bq):		Radionuclide and Activity (Bq):
Source 1	<input type="text"/>	Source 7	<input type="text"/>
Source 2	<input type="text"/>	Source 8	<input type="text"/>
Source 3	<input type="text"/>	Source 9	<input type="text"/>
Source 4	<input type="text"/>	Source 10	<input type="text"/>
Source 5	<input type="text"/>	Source 11	<input type="text"/>
Source 6	<input type="text"/>	Source 12	<input type="text"/>

## 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.