



## RADIATION PROTECTION ACT 1965 NOTIFICATION OF SALE OF IRRADIATING APPARATUS

Use one notification form per apparatus

Name and address of seller (trade name):

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Seller's fax number:

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Name and address of buyer (trade name):

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Name of principal licensee who will be responsible for safe care of equipment:

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NRL licence number:

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Purpose for which apparatus is (or was) used:  
(eg, medical diagnostic, chiropractic, medical therapy, dental, veterinary, industrial, analytical, etc)

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Equipment make:

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Equipment model:

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Enter the control panel\* serial number:

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Maximum operating rating:

kV/MV:

mA:

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State the physical location the apparatus is to be installed or if a portable unit, the base location:  
(eg, facility, street address, department, room, etc)

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If apparatus is *second-hand*, state the physical location from where the apparatus was removed:  
(eg, facility, street address, department, room, etc)

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If apparatus is being *disposed of*, enter the process for rendering it inoperable and means of disposal:  
(eg, x-ray tube punctured, radiation warning signs removed and placed in bin, etc)

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Name and signature:

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Date:

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\* If control panel identification plate is missing, enter 'missing' and record any other ID tracking number and corresponding component.

**Please send to:** National Radiation Laboratory  
Attn: Licensing  
PO Box 25-099  
CHRISTCHURCH

Fax: (03) 353-5667

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### NRL acknowledgement of notification

Name and date: