



MINISTRY OF INDUSTRY, INVESTMENT AND COMMERCE
8 Rekadom Avenue
Building 9, Bureau of Standards, Kingston 10
Tel: 876-632-4289, 876-618-5761 Ext: 3461-68

BROKER REGISTRATION FORM FOR RADIATION SOURCES

INSTRUCTIONS: Kindly complete this application form and submit to the HSRA along with a copy of receipt for fees paid and all supporting documents as stipulated in the **guidance document**. Please note that HSRA may require additional information to fully consider the application prior to issuing the permit (Section 38(3) of NSRP, Act, 2015).

1. Type of Application

Please tick the appropriate

New

Renewal – valid or previous Registration Number:- _____

Registration Expiration Date:- _____

Variation – valid Registration Number:- _____

Registration Expiration Date:- _____

2. Applicant Details:

Name of Organization: _____

Principal place of business: _____

Organization T.R.N.: _____

Telephone: _____ Fax Number: _____

Email address: _____

3. Business Details:

a. Type of Business: _____

b. Proof of Legal Status:

(These supporting documents should be submitted with the application form – Certified Copy of Certificate of Incorporation or Certificate of Registration of Business or Charter and Certified Copy of Valid Photo Identification of Authorized Signatories)

Business Number: _____

Corporate Number: _____

For Public Institutions, specify the enabling legislation (Act):

c. License Customs Brokers Information:

(Append a certified copy of Customs Broker Licence)

License Number: _____

Expiration Date: _____

4. Knowledge of the Nuclear Safety and Radiation Protection Act, 2015 and associated Regulations

a. Does the applicant understand the meaning of the following terms?

- | | | |
|------------------------------------|-----|----|
| i. "Radioactive material" | Yes | No |
| ii. "Nuclear material" | Yes | No |
| iii. "Nuclear technology" | Yes | No |
| iv. "Ionizing Radiation Apparatus" | Yes | No |
| v. "Radiation source" | Yes | No |

b. Does the applicant understand that the organization (person/ corporation) that wants to obtain or transfer a Radiation Source **MUST** be authorized by HSRA to possess/use radiation source? Yes No

c. Does the applicant understand its responsibilities under the Nuclear Safety and Radiation Protection Act, 2015 and the Nuclear Safety and Radiation Protection Regulations, 2019? Yes No

5. Storage Facility Details:

Provide a detailed description of the storage location, preparations made and security measures put in place during the storage of radiation sources.

6. Additional Information, *(if applicable)*

DECLARATION

I hereby declare that the information contained herein, and any supplemental pages appended to this application, are correct to the best of my knowledge and belief.

Legal Operator Name : _____

Title: _____

Signature: _____ Date: _____

If company, Affix Company Seal

To submit the completed application:

Mail the completed application form, together with all relevant documentation to:

Hazardous Substances Regulatory Authority:

Address: 8 Rekadom Avenue, Building 9, Bureau of Standards, Kingston 10

Email: info@hsra.org.jm

Fax: n/a

The application form, together with all relevant documentation may also be submitted electronically.

For Official Use Only			
Registration No:			
	By	Date	Signature
Received:			
Evaluated:			
General Remarks and/ or comments:			