*Section 38 of the NSRP Act, 2015 states that “every person who engages or proposes to engage in a prescribed activity shall apply, subject to subsection (4) in the prescribed form and manner to the Authority for the appropriate authorization.” HSRA may require additional information that it considers necessary to determine the application, (Section 38(3) of NSRP Act, 2015). To ensure compliance with the NSRP Act, 2015, and associated Regulations, the Authority has amended the NSRP Application Form that is found in the second schedule of the NSRP Regulations, 2019, to produce the form below.*

**INSTRUCTIONS**: Kindly complete all applicable sections of this application form and submit to the HSRA along with a copy of receipt for fees paid, completed Fit and Proper Self-Declaration Form, a certified copy of the legal operator’s valid national ID and all supporting documents stipulated in applicable sections of this form (See also Appendices in Form B for additional information and supporting documents required).

Additionally, a Landlord/Owner Acknowledgement Form is to be completed and submitted if radioactive material or nuclear material is being used on premises that are leased. For construction of new facilities that will use sources of Categories 1and 2, an Environmental Impact Assessment (EIA) is also to be submitted. See **Appendix II** for Categorization of Generators and Radiation Sources

**NOTE**: Processing of applications **will not** commence until the completed application form, proof of payment and all required documents have been submitted to the HSRA. Once all required documents have been submitted to the HSRA, the Applicant will receive a response from the Authority within **14** days of receipt.

# SECTION I: TYPE OF APPLICATION

*(This application form does NOT cover Broker or Import/Export activities)*

## Authorization Type

|  |  |
| --- | --- |
| New Licence | Renewal Licence |
| New Registration | Renewal Registration |
| New Permit | Renewal Permit |
| Amendment/Variation *(please insert additional details below)* | |
| Current Authorization Number: |  |
| Reason for Amendment: |  |
|  | |
|  | |
|  | |

## Authorization Sub-Type\*

|  |  |
| --- | --- |
| Possess & Use | Installation & Commissioning |
| Temporary Storage | Transport |
| Decommissioning | Waste Management |
| Service Provision | Facility Siting/Design/Construction/ Modification |
| Other *(please specify below)* |
|  | |
|  | |

*\* Refer to the relevant application forms for Import/Export activities, Broker Activities, Qualified Experts and Exemptions.*

## Type of Facility/Operation

|  |  |
| --- | --- |
| Medical | Industrial/Testing |
| Dental | Security/Border Control |
| Research/Education | Veterinary |
| Service Provider | Other *(please specify below)* |
|  | |
|  | |

# SECTION II: DETAILS OF APPLICANT

*(Provide information for the registered/legal owner/operator of the entity to be authorized)*

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Operator: |  | | |
| Organisation’s Address: |  | | |
| Phone (Office): |  | Fax Number: |  |
| Email address: |  | | |

# SECTION III: DETAILS OF BUSINESS

*(Provide information for the organization that is to be authorized)*

|  |  |
| --- | --- |
| Business Name: |  |
| Type of Business: |  |
| Business T.R.N.: |  |
| Business Email Address:  *(if different from above)* |  |

|  |
| --- |
| Financial Guarantee (For radiological and nuclear facilities – p*rovide information regarding the value and form of the financial guarantee as required by the Authority.)* |
|  |

**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 for Authorized Signatories)*

|  |  |
| --- | --- |
| Business Registration Number: |  |
| Corporation Number: |  |

For public institutions, specify the enabling legislation (Act):

|  |
| --- |
|  |
|  |
|  |

**Other Representative(s) of Applicant** *(e.g. co-owners, partners, directors etc.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name (1): |  | | |
| Title: |  | | |
| Limitations of Authority: *(If applicable)* |  | | |
| Signature of Representative: |  | Date: | {Select Date} |

|  |  |  |  |
| --- | --- | --- | --- |
| Name (2): |  | | |
| Title: |  | | |
| Limitations of Authority: *(If applicable)* |  | | |
| Signature of Representative: |  | Date: | {Select Date} |

# SECTION IV: DETAILS OF OPERATIONS AND RADIATION WORKERS

## Location

|  |
| --- |
| Main address of operation/use/construction/storage and/ or any other activity: |
|  |
| Additional information regarding other locations of storage and/or use: |
|  |

## Details of Operational Activities Involving Radiation Sources *(select all that apply)*

|  |  |
| --- | --- |
| Diagnostic/Interventional Radiology | Radiotherapy |
| Dental Imaging | Transport |
| Nuclear Medicine | Waste Management/Disposal |
| Analytical Testing *(XRD, XRF, NDT etc.)* | Veterinary Radiography |
| Industrial Radiography | Baggage/Parcel/Cargo Scanning |
| Well Logging | Use of Gauges *(Fixed/Portable)* |
| Academic Research | Service Provision – General |
| Decommissioning of a Facility | Service Provision – Dosimetry |
| Other *(please specify):* | Temporary Storage |
|  | |
|  | |
|  | |

## Inventory of Sealed/Unsealed Sources and Radiation Generators

|  |  |
| --- | --- |
| Number of Radiation Generators: |  |
| Number of Sealed Sources: |  |
| Number of Unsealed Sources: |  |

*NB: Please complete and attach* ***Form for Notification of Practices and Sources*** *with equipment/ source details.*

## Radiation Safety Officer (RSO) Details

*(Append details of duties and responsibilities associated with RSO’s role, copy of CV and relevant RSO training certificates and/ or qualifications)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Job Title: |  | | | | |
| Telephone: |  | Ext.: |  | Fax: |  |
| Email Address: |  | | | | |

## Alternate RSO Details

*Append list of alternate RSO’s with all required details as stated outlined in Appendix III (NSRP Application Form B).*

## Qualified Expert Details

*Append details of duties and responsibilities of the Qualified Expert’s role, copy of CV and relevant qualification(s) and/or training certificates. Alternatively, if the Qualified Expert holds a valid HSRA Certificate of Registration, provide the registration number and expiration date.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | |
| Title: |  | | | | | |
| Telephone: |  | | Ext.: |  | Fax: |  |
| Email Address: |  | | | | | |
| HSRA Registration No. (if applicable): | |  | | | | |
| HSRA Registration Expiration Date: | |  | | | | |

## Alternate Qualified Expert(s)

*Append list of alternate Qualified Experts with all required details as outlined in Appendix IV (NSRP Application Form B).*

## Radiation Workers

* *Append a list of all job categories for workers using or working in the vicinity of nuclear material and radiation sources.*
* *For all medical, dental and/or veterinary practitioners, include relevant certifications/licences/ registrations).*

# SECTION V: RADIATION SAFETY PROGRAMME

*Append Radiation Protection Programme (RPP) or other relevant documents that address the requirements as outlined per activity in Appendix V (NSRP Application Form B).*

# SECTION VI: 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Legal Operator: |  | | |
| Title: |  | | |
| Signature: |  | Date: | {Select Date} |

Company seal (if applicable):

To submit the completed application:

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

**Hazardous Substances Regulatory Authority**

Address: 8 Rekadom Avenue, Kingston 10

Email: [info@hsra.org.jm](mailto:info@hsra.org.jm)

Phone: 876-632-4289

**– FOR OFFICIAL USE ONLY –**

|  |  |  |
| --- | --- | --- |
| Date Received: |  | |
| Receiving Officer: |  | |
| Authorization Processing No.: |  | |
| Remarks: |  | |
|  |  | |
| Registrar’s Signature: |  |

**DOCUMENT END**

*(Template reference: HSRA/ADM/TMP/05 Form Template – Portrait)*