

NUCLEAR SAFETY AND RADIATION PROTECTION APPLICATION FORM A

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 1 and 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

- | | |
|--|---|
| <input type="checkbox"/> New Licence | <input type="checkbox"/> Renewal Licence |
| <input type="checkbox"/> New Registration | <input type="checkbox"/> Renewal Registration |
| <input type="checkbox"/> New Permit | <input type="checkbox"/> Renewal Permit |
| <input type="checkbox"/> Amendment/Variation <i>(please insert additional details below)</i> | |

Current Authorization Number: _____

Reason for Amendment: _____

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Authorization Sub-Type*

- | | |
|--|---|
| <input type="checkbox"/> Possess & Use | <input type="checkbox"/> Installation & Commissioning |
| <input type="checkbox"/> Temporary Storage | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Decommissioning | <input type="checkbox"/> Waste Management |
| <input type="checkbox"/> Service Provision | <input type="checkbox"/> Facility Siting/Design/Construction/
Modification |
| <input type="checkbox"/> Other <i>(please specify below)</i> | |

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

Type of Facility/Operation

- | | |
|---|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Industrial/Testing |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Security/Border Control |
| <input type="checkbox"/> Research/Education | <input type="checkbox"/> Veterinary |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Other <i>(please specify below)</i> |

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)

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Financial Guarantee (For radiological and nuclear facilities – *provide 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: _____

Name (2): _____

Title: _____

Limitations of Authority:
(*If applicable*) _____

Signature of
Representative: _____ Date: _____

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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)*

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

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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).

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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: _____

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

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)