



MINISTRY OF INDUSTRY, INVESTMENT AND COMMERCE

8 Rekadam Avenue
 Building 9, Bureau of Standards, Kingston 10
 Tel: 876-632-4289, 876-618-5761 Ext: 3461-68

FIT AND PROPER DECLARATION FORM

INSTRUCTIONS: Please read and answer all questions carefully and completely. If a question does not apply to you, or there is nothing to disclose, enter "N/A" or "NONE".

PART A: PERSONAL HISTORY			
1a. NAME OF APPLICANT			
FIRST NAME: ()	MIDDLE NAME :	SURNAME :	
b. FORMER NAMES (If different from 1):	c. ALIAS:		
2.ADDRESS AT WHICH YOU RESIDE			
STREET NUMBER AND NAME :		POSTAL CODE :	COUNTRY :
TOWN, CITY AND PARISH :		TELEPHONE #	EMAIL ADDRESS:
3. DATE OF BIRTH (DD/MM/YYYY):			
4. PLACE OF BIRTH :		5. NATIONALITY:	
TOWN:		6. NIS NUMBER, SOCIAL SECURITY NUMBER OR NATIONAL IDENTITY NUMBER:	
PARISH/STATE:		7. TAXPAYER REGISTRATION NUMBER:	
COUNTRY:			
8. MARITAL STATUS DETAILS :			
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> COMMON-LAW			
9.NEXT OF KIN NAME :			
RELATIONSHIP :		TELEPHONE #:	
ADDRESS:		EMAIL ADDRESS :	
PART B: BUSINESS INFORMATION			
1.a PRESENT BUSINESS DETAILS			
TYPE OF COMPANY/BUSINESS: (e.g.: <i>public, private, partnership /sole proprietorship</i>):			

Signature: _____

Date: _____

b. COMPANY/BUSINESS DETAILS :		
COMPANY NAME:	ADDRESS:	COMPANY NUMBER:
EMAIL ADDRESS:	TELEPHONE #:	TITLE OF POSITON HELD :
<p>2. Have you ever applied for a licence to possess and/ or use nuclear material and technology and/ or radiation sources or any other equivalent authorization in Jamaica or elsewhere?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2a. If 'YES', please tick the relevant box and provide the details below:</p> <p><input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED</p>	<p>3. Have you ever been a Director of a body corporate that has contravened relevant legislation or have held a licence or other form of approval that has been suspended or cancelled under said legislation?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>4. Have you ever operated an unauthorized facility, practice, activity or premises that use and/ or store nuclear material and technology and/ or radiation sources?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>5. Have you in the last ten (10) years been convicted of any criminal offence particularly relating to fraud, dishonesty, financial crimes or other criminal act?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>6. Have you in the last ten (10) years been subject to the findings of professional misconduct or unsatisfactory conduct by a body that regulates or investigates complaints about registered medical practitioners or other registered health professionals or any other professional registered under an enactment?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>7. Have you ever been dismissed or asked to resign from employment or a position of trust due to questions of honesty and integrity?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>8. Have you ever been diagnosed as being mentally ill or unstable?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>9. Have you ever filed for bankruptcy or been adjudged a bankrupt by any relevant authority?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>10. If you answered 'YES' to items 3-9, please explain the circumstances below including the year in which the event/s occurred.</p>	<p>11. Are you in partnership with a person whom the HSRA does not consider to be fit and proper person as defined by Section 3 of the NSRP Act, 2015?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>12a. Do you have any relatives presently associated with a facility, practice, activity or premises that involve the use and/ or storage of nuclear material and technology and/ or radiation sources?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		

Signature: _____

Date: _____

12b. If 'YES', provide the details of the relative(s) and state the nature of the relationship:	
(i) NAME : ADDRESS: RELATIONSHIP: EMPLOYER'S NAME : EMPLOYER'S ADDRESS: POSITION/TITLE: DATE OF EMPLOYMENT:	(ii)NAME : ADDRESS: RELATIONSHIP: EMPLOYER'S NAME : EMPLOYER'S ADDRESS: POSITION/TITLE: DATE OF EMPLOYMENT:
PART C: FINANCIAL PROFILE	
1. NAME AND ADDRESS OF BANKERS (personal and business) OVER THE PAST FIVE (5) YEARS:	2. Has any financial institution with which you or any business undertaking owned, controlled or managed by you, ever threatened or commenced legal action/court proceedings or declined doing any business with you or your undertaking as a result of outstanding debts owned by you or the undertaking, or due to your not honouring other facilities afforded you (e.g. guarantee, etc.) by these institutions? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has any loan or credit facility (or part thereof) extended to you by any financial institution whether in Jamaica or elsewhere been restructured, renegotiated, provided against or been the subject of a write-off or debt forgiveness for reasons of non-payment by you? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. Has any financial institution whether in Jamaica or elsewhere which has extended credit facilities to you, had to refer, assign or sell your loan/ indebtedness to any private or public sector collection agency or any other institution for reasons of non-payment by you? <input type="checkbox"/> YES <input type="checkbox"/> NO
3a. If yes , please provide the full details of the debt(s), the circumstances surrounding the action and the current status.	
PART D: PERSONAL REFERENCES	
(See General Notes and Information)	
REFERENCE # 1	REFERENCE # 2
NAME: ADDRESS: OCCUPATION: TELEPHONE NUMBER(S):	NAME: ADDRESS: OCCUPATION: TELEPHONE NUMBER(S):

Signature: _____

Date: _____

PART E: DECLARATION OF APPLICANT

I, _____ born on _____ in the Parish/State of _____ in the Country of _____ and residing at _____, do solemnly declare that:

I have personally completed this **Fit and Proper Declaration Form** to which this Declaration is appended.

I hereby certify that all statements contained in and attached to this **Fit and Proper Declaration Form** is correct to the best of my knowledge and complete.

I confirm that all the information I have submitted in support of the **Fit and Proper Declaration Form** is complete and true and I understand that knowingly making a false or misleading statement for this purpose is tantamount to a criminal offence.

I understand that misrepresentation or failure to submit any information requested by the Hazardous Substances Regulatory Authority (HSRA) shall be deemed as good and sufficient cause for a refusal to issue the Grant of Authorization being applied for simultaneously or for an eventual revocation if such misrepresentation or failure is discovered at a later stage.

I understand that should the information provided in relation to the **Fit and Proper Declaration Form** cease to be correct, or if there are any changes in the information provided in the **Fit and Proper Declaration Form**, it is my responsibility to advise the HSRA immediately. Failure to do so could result in any Grant of Authority subsequently issued being reviewed and possibly suspended or revoked.

The HSRA may request confirmation or further information from any appropriate third party (ies) in respect of evidence or documentation I have provided in support of the **Fit and Proper Declaration Form**. I agree to authorize the HSRA to request and receive information about me from such third parties.

By signing this Declaration I am agreeing to all of the above statements.

NAME (PRINT/TYPE): _____

SIGNATURE: _____ DATE: _____

JUSTICE OF THE PEACE OR NOTARY PUBLIC ONLY

Sworn and subscribed to before me, this _____ day of _____, 20_____.

NAME (PRINT/TYPE): _____

SIGNATURE : _____

DATE : _____

Signature: _____

Date: _____

GENERAL NOTES AND INFORMATION

1. A Fit and Proper Declaration Form must be completed by each person who applies to the Hazardous Substances Regulatory Authority (HSRA) for a Grant of Authorization under the Nuclear Safety and Radiation Protection Act, 2015 (NSRP Act, 2015).
2. This applies to:
 - a) An individual who is the body corporate or
 - b) Each Director, Secretary and Senior Manager of a body corporate
3. The completed Fit and Proper Declaration Form must be submitted to the HSRA along with the completed application form, all supporting documents and proof of payment.
4. The completed Fit and Proper Declaration Form must be accompanied by :
 - a) two (2) certified recent passport size photographs of the applicant. The photographs should be certified by one of the above-mentioned officials who is not a relative of the applicant, with the following inscription above his/her signature: "I certify that this is a true photograph of (insert applicant's name and note date of certification) (The signatory may be one of the referees);
 - b) proof of address (copy of any utility bill not older than six (6) months)
5. Any false or misleading representation or information or the omission of any information required in this Fit and Proper Declaration Form could cause the refusal to Grant an Authorization under the NSRP Act, 2015. If this discovery is made subsequent to the granting of an Authorization under the NSRP Act, 2015, such Grant of Authorization may be suspended or revoked by the HSRA.
6. The HSRA should be made aware of any change to the information or particulars given in this Fit and Proper Declaration Form within seven (7) days of such change.
7. It is expected that the applicant accepts the risk of any adverse public notice, embarrassment, criticism or financial loss which may result from action taken by the HSRA to verify the information with respect to the application made under the Act and that the applicant waives any claim for damages as a result thereof.
8. The signature and date of the applicant (person completing this Form) should be written on each page of the Fit and Proper Declaration Form.
9. Where sufficient space is not provided for any answer; responses should be given on a separate sheet of paper and attached. All attachments should be carefully labelled so that they relate clearly to the items and paragraphs to which they apply.
10. The HSRA reserves the right to request additional information from the Applicant as it deems fit, which included but is not limited to the submission of a valid Police Record.
11. All questions must be answered, however if a question does not apply to you, or there is nothing to disclose, enter "N/A" or "NONE."

Signature: _____

Date: _____