



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

APPLICATION FOR AN EXPORT OR IMPORT AUTHORIZATION

NOTE: 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.” To ensure compliance with the NSRP Act, 2015 and associated Regulations, the Authority has amended the Application Form for an Export or Import Authorization that is found in the Tenth Schedule of the NSRP Regulations, 2019 to produce the form below.

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 Authorization:

Please tick the appropriate

Import

Export

2. Type of Application

Please tick the appropriate

New

Renewal – valid permit number:- _____

Permit Expiration Date:- _____

Variation – valid permit number:- _____

Permit Expiration Date:- _____

3. Applicant (Exporter/ Importer) Details:-

Organization: _____

Principal place of business (Exporter/ Importer): _____

Organization T.R.N. _____ Branch No. _____

Telephone: _____ Fax number: _____

Email Address: _____

HSRA Regulatory Authorization Number (RAN): _____

Expiration Date of HSRA RAN: _____

4. Broker Details:-

Organization: _____

Principal place of business (Broker): _____

Contact Person: _____

Telephone: _____ Fax number: _____

Email Address: _____

HSRA Regulatory Authorization Number (RAN): _____

Expiration Date of HSRA RAN: _____

5. Recipient and/ or Final Consignee Details: - *(Additional consignees such as intermediate consignees may be listed on a separate sheet.)*

i. Recipient: _____

Principal place of business (Recipient): _____

Contact Person: _____

Telephone: _____ Fax number: _____

Email Address: _____

Regulatory Authorization Number (RAN): _____

Expiration Date of RAN: _____

Regulatory Body: _____

ii. Final Consignee: _____

Principal place of business (Final Consignee): _____

Contact Person : _____

Telephone: _____ Fax number: _____

Email Address: _____

Regulatory Authorization Number (RAN): _____

Expiration Date of RAN: _____

Regulatory Body Name: _____

6. Type of radioactive material:- *(State required information for one (1) radionuclide in the space provided; for additional radionuclide provide the required details on a separate sheet.)*

i. For sealed radioactive material **NOT** incorporated in radiation equipment/devices, give the following technical details:-

(a) Radionuclide: _____

(b) Serial No./Identifier No.: _____

(c) Maximum Activity: _____

(d) Activity date: _____

(e) Physical form: _____

(f) Chemical form: _____

- (g) Manufacturer : _____
- (h) Manufacturer Address: _____
- (i) 1. Name of Supplier: _____
2. Supplier Address: _____
3. Supplier Regulatory Authority Number (RAN): _____
4. RAN Expiration Date: _____
5. Supplier Regulatory Body : _____
- (j) Use and method of application: _____
- (k) Radioactive waste management procedure and method of disposal (*Reference and append the procedure/ method*):
- _____

ii. For unsealed radioactive materials, give the following technical details:-

- (a) Radionuclide: _____
- (b) Serial No./Identifier No.: _____
- (c) Maximum Activity: _____
- (d) Initial containment date of radionuclide: _____
- (e) Physical form: _____
- (f) Chemical form: _____
- (g) Manufacturer : _____
- (h) Manufacturer Address: _____
- (i) 1. Name of Supplier: _____
2. Supplier Address: _____
3. Supplier Regulatory Authority Number (RAN): _____
4. RAN Expiration Date: _____
5. Supplier Regulatory Body : _____
- (j) Use and method of application: _____
- (k) Radioactive waste management procedure and method of disposal (*Reference and append the procedure/ method*):
- _____

7. For equipment with sealed sources(s) incorporated, give the following details:-

(State required information for one (1) equipment in the space provided; for additional equipment provide the required details on a separate sheet.)

- i. If the device is to be used in the industrial sector, state the type of application (i.e. well logging, portable/fixed gauge, detection or analytical *etc.*):-
- _____

State the technical details of the sealed source device above and attach relevant parts of the manual, if available:-

- (a) Manufacturer : _____
- (b) Manufacture Address: _____
- (c) 1. Name of Supplier: _____
- 2. Supplier Address: _____
- 3. Supplier Regulatory Authority Number (RAN): _____
- 4. RAN Expiration Date: _____
- 5. Supplier Regulatory Body : _____
- (d) Serial No. of the source(s): _____
- (e) Model No of the source(s): _____
- (f) Radiation type: _____
- (g) Radionuclide: _____
- (h) Maximum activity: _____
- (i) Activity date: _____
- (j) Model No. of apparatus: _____
- (k) Type of installation (fixed/ mobile/ portable): _____
- (l) Cost of the equipment: _____

ii. For radiotherapy equipment, give the technical details of the equipment as appropriate and attach relevant parts of the manual, if available:-

- (a) Manufacturer : _____
- (b) Model number and name: _____
- (c) Country of Manufacture: _____
- (d) Year of Manufacturer: _____
- (e) Radionuclide: _____
- (f) Serial no. of the source(s): _____
- (g) Initial activity of the source(s): _____
- (h) Activity date: _____
- (i) No. of sources installed: _____
- (j) Maximum design activity: _____
- (k) Total activity installed: _____
- (l) 1. Name of Supplier: _____
- 2. Supplier Address: _____

3. Supplier Regulatory Authority Number (RAN): _____
4. RAN Expiration Date: _____
5. Supplier Regulatory Body : _____
- (m) Type of installation (fixed/ mobile/ portable): _____
- (n) Cost of Equipment: _____
8. For radiation generator(s), give the technical details of the generator as appropriate and attach relevant parts of the manual and standards certificate, if available:-
(State required information for one (1) generator in the space provided; for additional generators provide the required details on a separate sheet.)
- (a) Model number and name: _____
- (b) Serial number: _____
- (c) Maximum voltage: _____
- (d) Maximum current: _____
- (e) Radiation type: _____
- (f) Manufacturer : _____
- (g) Manufacture Address: _____
- (h) Year of Manufacture: _____
- (i) Radiation device certificate number (attach a copy): _____
- (j) 1. Name of Supplier: _____
2. Supplier Address: _____
3. Supplier Regulatory Authority Number (RAN): _____
4. RAN Expiration Date: _____
5. Supplier Regulatory Body : _____
- (k) Type of installation (fixed/mobile/ portable): _____
- (l) Cost of radiation generator(s): _____
9. State, giving summary details, the purpose for which the radiation sources will be used. (i.e. practice: treatment, diagnostic; non-destructive testing; gauging; biological irradiation etc.):-
- _____
10. Means of transport out of/into Jamaica (i.e. air, road, rail, sea, etc.):-
- _____
11. (a) For importation, expected date of receipt:- _____
- (b) For exportation, expected date of shipment:- _____

12. Point of entry into/exit out of Jamaica:- _____

13. Arrangements made for transport from facility to exit point or entry point to establishment - attach all safety standard/ compliance certificate for each package, if available:-
(Please note: The HSRA is to be provided with arrival/transfer details for the monitoring of clearance and inland transport.)

14. Preparations made at the premises where the radiation source(s) will be used:-

15. Available **qualified experts** who will use the radiation source (provide names and copies of relevant qualifications/ state HSRA authorization number and expiration date):-

i. _____

ii. _____

iii. _____

16. Give relevant details of any contract(s) with supplier particularly with regards to:-
(Attach copies of all contractual arrangements)

(a) Installation and training of operators:

(b) Repair and maintenance including warranty: _____

(c) Return or change of source after useful life: _____

17. Provide details of arrangements for safe management of disused sources (including financial provision):-

18. Provide justification or explanation for the need to use 'exceptional circumstances' provision, if applicable:-

DECLARATION

I hereby declare that the information contained herein, and any supplemental pages appended to this application, are true and 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, 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			
Permit No:			
	By	Date	Signature
Received:			
Evaluated:			
General Remarks and/or comments:			