Enquiries: RN Admin : 021-015 5511 radionuclides@sahpra.org.za

 Please quote your file number
 in all correspondence ⇨

 **File no.: Authority no: /**

***Submit the completed application to the email address above, not to any other member of staff.***

Section A: Scope of application

In terms of the Regulations relating to Group IV Hazardous Substances (No. R.247 of 1993), made in terms of section 29 of Act 15 of 1973,
I, , in my capacity as **□** Authority Holder or □ RPO

of (name of legal entity) , wish to inform Radiation Control that the above entity has discontinued all operations involving the use and/or handling of radioactive material and wishes to cancel its authority.

I hereby declare that all the sealed sources in the abovementioned authority have been disposed of by means of □ delivery to NECSA, □ sale to other authority holder(s), □ return to supplier, □ export.

*Please give details of disposal in the attached table or on a copy of your source list.*

Section B: Contact details for future enquires or communications

Name of contact person(s)

Physical address

🕿 Email

Section C: Declaration by the Authority holder/RPO

I (print name) hereby declare that the information supplied in this form is to the best of my knowledge true and correct.

Signature Date

ID 🕿

**Form completed by** (print name)

Signature Date

Email 🕿

Download the current Radionuclides forms from [www.sahpra.org.za](http://www.sahpra.org.za) (Health Products tab).

⮊

Section D: Source information

Please number any additional sheets and *label them with your file number*.

 **File no.: Authority no: /**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **TRANSFERRED TO** |
| **No.** | **Radionuclide** | **Activity** | **Source serial No.** | **Container serial No.** | **Means of disposal \*** | **Authority holder** | **Authority number** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\* ***Means of disposal***:Please indicate whether the source was sent to NECSA NLM, sold, returned to supplier, exported, etc – as indicated in Section A.