



DISPOSAL APPLICATION FORM

NOTE:

1. This application form must be completed by the Licensee or Radiation Protection Officer (RPO) who wishes to dispose of any radioactive materials and/or controlled apparatus.
2. This application form must be submitted to the Compliance and International Division, SHENA at radenforcement@shena.gov.bn prior to any disposal.
3. This application form is to be submitted along with a disposal plan including (not limited to) photos taken before and after dismantling, location of disposal, method of disposal and etc when (*) is listed.

DETAILS OF APPLICANT			
COMPANY NAME		LICENCE NO.	
DETAILS OF RADIOACTIVE MATERIAL (if applicable)			
LIST OF RADIOACTIVE MATERIALS	TYPE	SERIAL NO.	CURRENT ACTIVITY (Ci)
DETAILS OF CONTROLLED APPARATUS (if applicable)			
LIST OF CONTROLLED APPARATUS	MODEL	SERIAL NO.	YEAR OF INSTALLATION
DISPOSAL OF COMPONENTS	<input type="checkbox"/> ENTIRE UNIT <input type="checkbox"/> X-RAY TUBE ONLY <input type="checkbox"/> CONTROL PANEL/GENERATOR ONLY		
DETAILS OF DISPOSAL			
DISPOSAL METHODS	<input type="checkbox"/> RETURN TO SUPPLIER <input type="checkbox"/> DISPOSAL COMPANY <input type="checkbox"/> BY APPLICANT*		
DATE OF DISPOSAL		PLAN TO REPLACE ITEM TO BE DISPOSED	<input type="checkbox"/> YES <input type="checkbox"/> NO
DETAILS OF SUPPLIER / DISPOSAL COMPANY (if applicable)			
COMPANY NAME		TELEPHONE NO.	
LICENCE NO. (IF ANY)		EMAIL ADDRESS	
ADDRESS			
DECLARATION			
<p>I, declare that all particulars and information provided in this application hereto are true to the best of my knowledge and belief, and I understand that the Safety, Health and Environment National Authority (SHENA) reserves the right to reject this application if, at any stage, the information provided is false and incorrect. Shall verification is required on any information provided in this application; I hereby authorise SHENA to carry out the necessary investigations.</p>			
_____ Name and Signature of Applicant		_____ Date and Business Entity Stamp	