

**SHIPMENT OF THE SEALED RADIOACTIVE SOURCES BETWEEN THE MEMBER STATES
OF THE EUROPEAN COMMUNITY**

Standard document to be used pursuant to Council Regulation (EEC) No 1493/93

Notice

- *The consignee of sealed sources must complete boxes 1 to 5 and send this form to the relevant competent authority in his country.*
- *The competent authority of the consignee Member State must fill in box 6 and return this form to the consignee.*
- *The consignee must then send this form to the holder in the forwarding country prior to the shipment of the sealed sources.*
- *All sections of this form must be completed and boxes ticked where appropriate.*

1. THIS DECLARATION CONCERNS: ONE SHIPMENT (This form is valid until the shipment is completed unless otherwise stated in box 6)

expected date of shipment (if available):

SEVERAL SHIPMENTS (This form is valid for three years unless otherwise stated in box 6)

2. DESTINATION OF THE SOURCE(S)

Name of consignee:
Person to contact:
Address
Tel.: Fax:

3. HOLDER OF THE SOURCE(S) IN THE FORWARDING COUNTRY

Name of holder:
Person to contact:
Address:
Tel.: Fax:

4. DESCRIPTION OF THE SOURCE(S) INVOLVED IN THE SHIPMENT(S)

(a) Radionuclide(s):

(b) Maximum activity of individual source (MBq):

(c) Number of sources:

(d) If this (these) sealed source(s) is (are) mounted in (a) machinery/device/equipment, short description of the machinery/device/equipment:

(e) Indicate (if available and requested by the competent authorities):

- national or international technical standard with which the sealed Source(s) complies(y) and certificate number:
- date of expiry of certification:
- name of the manufacturer and catalogue reference:

5. DECLARATION OF AUTHORIZED OR RESPONSIBLE PERSON

- I, the consignee, hereby certify that the information provided in this form is correct.
 - I, the consignee, hereby certify that I am licensed, authorised or otherwise permitted to receive the source(s) described in this form.
 - Licence, authorization or other permission number (if applicable) and validity date there of:
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- I, the consignee, hereby certify that I comply with all the relevant national requirements, such as those relating to the safe storage, use or disposal of the source(s) described in this form.

Name: Signature: Date:

6. CONFIRMATION BY THE COMPETENT AUTHORITY OF THE CONSIGNEE COUNTRY THAT IT HAS TAKEN NOTE OF THIS DECLARATION.

Stamp:

Name of the authority:

Address:

Tel.: Fax:

Date:

This declaration is valid until (if applicable):

Please see box 1, page 1, for guidance on the length of time form is valid.