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| Applicants, please enter your **Job No. Reference** here:  | **Permit** **number:**  **(office use only)** |

Application for Permission to Import Non-medical Radioactive Substances

**Customs (Prohibited Imports) Regulations 1956 REG.4R**

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| 12-month permit: Section 1 - Details of applicant |

Details of the individual or company receiving the radioactive substance(s) who either holds a radiation licence or has been granted an exemption by the relevant regulatory authority.

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| --- | --- | --- |
| **1** | Name of applicant\* |  |
| **2** | Authorisation/Licence number\*(Indicate ***EXEMPT*** if authorisation is not required) |   | Expiry date |   |
| **3** | Authorisation/Licence jurisdictional issuing authority |   |
| **4** | Applicant’s contact name\* |   | Email |   |
| Telephone |   |
| **5** | Full name of Australian port of entry\*  |   | **Australian state** where goods are to be Customs cleared\* |   |
| Indicate freight type  | □ Air freight □ Sea freight  |

*\* Denotes mandatory field*

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| --- | --- | --- |
| **6** | Authorised/Licensee company name and applicant address\* |   |
| **7** | Import customs agent name(If applicable) |   | Email |   |
| Telephone |   |
| **8** | Import customs agent address(If applicable) |   |
| **9** | Recipient of approved permit\* | [ ]  Applicant[ ]  Customs agent | Fee link | <https://www.arpansa.gov.au/regulation-and-licensing/licensing/import-export-permits>  |
| **10** | Recipient of invoice\* | [ ]  Applicant [ ]  Customs agent [ ]  Other (please specify): For information on how to make credit card and EFT payments refer to the [payment method section](https://www.arpansa.gov.au/about-us/payment) on our website. |
| **11** | Name and address of overseas supplier\* |   |

*\* Denotes mandatory field*

Applicants please note:

(a) It may be a requirement of the Commonwealth, state or territory radiation regulator to hold a licence to possess or use the radioactive substance. [Contact the relevant Commonwealth, state or territory radiation regulatory authority](https://www.arpansa.gov.au/regulation-and-licensing/regulation/state-territory-regulators) for advice on legislative requirements.

(b) [The radioactive substance(s) must NOT be used for any medical application](https://www.arpansa.gov.au/regulation-and-licensing/licensing/import-export-permits/medical-import-permits); it must NOT be administered to humans or animals or used for any therapeutic procedure in any planned exposure of humans or animals to ionising radiation; it must NOT be used in any in vitro diagnosis or test on human or animal tissue; it must NOT be used in research which is either directly or indirectly related towards medical diagnosis therapy in humans or animals including sealed and unsealed radioactive sources that are used to calibrate instruments in medical practices and pathology laboratories.

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Application for Permission to Import Non-medical Radioactive Substances

**Customs (Prohibited Imports) Regulations 1956 REG.4R**

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| 12-month permit: Section 2 - Details of non-medical radioactive substances (sources) |

Please use separate row for each item in the shipment

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  No. | Description of item\* (e.g. smoke alarm) | Unique ID/serial no. (where available) | Quantity\* | Radionuclide\* | Type of substance\* (e.g. sealed or unsealed) | Chemical form (e.g. CsCl) | Physical form\* (e.g. solid, liquid, gas) | Activity in becquerels\* (e.g. kBq, MBq, GBq, TBq) | Date activity was measured |
| 1 |   |   |   |   |   |   |   |   |  |
| 2 |   |   |   |   |   |   |   |   |   |
| 3 |   |   |   |   |   |   |   |   |  |
| 4 |   |   |   |   |   |   |   |   |  |
| 5 |   |   |   |   |   |   |   |   |  |
| 6 |   |   |   |   |   |   |   |   |  |
| 7 |   |   |   |   |   |   |   |   |  |
| 8 |   |   |   |   |   |   |   |   |  |
| \* Please indicate if any source has depleted uranium (DU) shielding [ ]  Yes [ ]  No | If yes, indicate source item number(s):  |

*\* Denotes mandatory field*

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| 12-month permit: Section 2 continued |

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| No. | Brief description of how the radioactive substance(s) will be used\* (e.g. smoke alarms, aircraft display units, ECD, containers lighting products, static eliminators, detectors). Refer to our website for further information. |
| 1 |   |
| 2 |   |
| 3 |   |
| 4 |   |
| 5 |   |
| 6 |   |
| 7 |   |
| 8 |   |

*\* Denotes mandatory field*

**Complete another copy of section 2 if there is insufficient space or more than 8 items in the shipment (insert blank page, copy and paste content).**

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Application for Permission to Import Non-medical Radioactive Substances

**Customs (Prohibited Imports) Regulations 1956 REG.4R**

**Please complete both PART 1 and PART B**

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| 12-month permit: Section 3 – End user or distributor information |

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| Part A: Proposed end user or distributor for each source (all fields must be completed) |
| Item No (*from section 2*) |   | Company name |   |
| Licence No (*or* ***EXEMPT***)  |   | Company address |   |
| Contact name |   |
| Contact email |   | Telephone |   |

|  |
| --- |
| Part B: Proposed storage location for each source (all fields must be completed) |
| Item No (*from section 2*) |   | Company name |   |
| Licence No (*or* ***EXEMPT***)  |   | Company address |   |
| Contact name |   |
| Contact email |   | Telephone |   |

**Please complete another copy of this page for each radioactive source (insert blank page, copy and paste content)**

|  |
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| **I declare that the statements contained in this application are true and correct:** |
| **Signature of applicant:** |  | **Name of applicant:** | **Date:** |
|   |  |

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| **Office use only****The Collector of Customs**ARPANSA approves the import release of the radioactive substance(s) listed in **Section 2** of this permit which is issued under Regulation 4R of the Customs (Prohibited Imports) Regulations 1956. |
| Authorised Officer:  | Permit Date:   | Expiry Date:  |