

# Application for consent to import/export sealed radioactive material – Single shipment

## Office of Radiation Safety, Ministry of Health

Under section 13(c) of the Radiation Safety Act 2016, anyone who imports or exports radioactive material in/out of New Zealand must obtain a consent from Office of Radiation Safety (ORS). The onus is on the applicant/'end user' to ensure that applications are submitted to ORS in time to allow for processing and approval before the goods arrive at customs. Please complete all fields in the applicable sections and email to: [orsenquiries@health.govt.nz](mailto:orsenquiries@health.govt.nz). Upon receipt of a complete application, an invoice will be emailed to the applicant. Our target timeline for processing consent applications is 5 working days after a payment is received.

### SECTION 1

#### Applicant

This section can be filled out by the source licence holder or customs agent who imports and clears the goods consigned to a receiving entity (eg, a source licence holder). In these circumstances, the 'agent' is regarded as the consent holder must comply with section 25 of the Radiation Safety Act 2016 Duties of consent holders and conditions on issued consent.

#### 1.1 Type of applicant/consent holder

Source Licence Holder      Customs agent

#### 1.2 Recipient of invoice (s)

Source Licence Holder      Customs agent

#### 1.3 Applicant information

Name of organisation

Contact person's name

Contact person's phone number

Contact person's email address to receive invoice and consent

#### **i** How to use this form:

- Save this form to the computer and open in Adobe Acrobat.
- All the fillable form fields will be highlighted.
- Fill each field by selecting it and typing.
- Save the form to the computer and email it to [orsenquiries@health.govt.nz](mailto:orsenquiries@health.govt.nz)

**All sections must be filled in unless not applicable.**

Please email completed form at [orsenquiries@health.govt.nz](mailto:orsenquiries@health.govt.nz) or mail to Office of Radiation Safety, Ministry of Health PO Box 5013, Wellington 6140

**SECTION 2**

Type of application

**2.1** Type of clearance    Import    Export

**2.2** Country of origin (for importation)/destination (for exportation)

**SECTION 3**

Source Information

Please select the radiation source type

Sealed radioactive material

Device (s) incorporating radioactive material (s)

**3.1 Sealed radioactive material (s)**

**i** Complete Table 3.1.1 and 3.1.2 only if you selected 'Sealed radioactive material'

**3.1.1** Details of radionuclides included in this single shipment

Item number	Radionuclide	Serial number	Activity in becquerels (eg, kBq, MBq, GBq, TBq)	Date of measurement	Intended use
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

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**3.1.2** Details of receiving entity(s)

**i** Complete this table with all receiving entities of this single shipment.

Name of organisation	Source Licence No	Physical address of destination of source (s)	Contact person's name	Contact person's email address	Item number (s) from Table 3.1.1 per business

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### 3.2 Device (s) incorporating sealed radioactive material (s)

**i** Complete Table 3.2.1 and 3.2.2 only if you selected 'Device (s) incorporating sealed radioactive material (s)'

#### 3.2.1 Details of devices included in this single shipment

Item number	Device make	Device model	Device serial number	Radionuclide (s)	Radionuclide serial number (s)	Activity in becquerels (eg, kBq, MBq, GBq, TBq)	Measurement date	Intended use
<i>Example</i>	<i>Humboldt</i>	<i>500IEZ</i>	<i>XJFHDMG</i>	<i>Cs-137 Am-241</i>	<i>XXFKD CKGJ</i>	<i>1.48 GBq 0.37 GBq</i>	<i>DD/MM/YYYY DD/MM/YYYY</i>	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Please indicate if the any source(s) are incorporated into a Depleted Uranium (DU) container Yes    No  
 If yes, indicate source item number(s):

**All sections must be filled in unless not applicable.**

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### 3.2.2 Details Receiving entity (s)

**i** Complete this table with all receiving entities of this single shipment.

Name of organisation	Source Licence No.	Physical address of destination of source (s)	Contact person's name	Contact person's email address	Item number (s) from Table 3.2.1 per business

## SECTION 4

### Declaration

I declare that the information on this form is true and correct.

**All sections must be filled in unless not applicable.**

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