

## **Application for Consent to Import Unsealed Radioactive Materials**

Applicant			
Name:			
Import			
Expected Arrival Date in NZ:		Country of Origin:	
Intended Use of Imported Goods:		Name of Supplier:	
Radioactive Source(s)			
Source 1	Radionuclide and Activity (Bq):	Source 7	Radionuclide and Activity (Bq):
Source 2		Source 8	
Source 3		Source 9	
Source 4		Source 10	
Source 5		Source 11	
Source 6		Source 12	
Purchaser (if not the Applicant)			
Name:			
Address:			
Licensee responsible for safe care of radioactive materials upon delivery to the purchaser:			
Signature			
Signed:		Name:	
Email:		Date:	

Please return completed form to: Office of Radiation Safety, PO Box 3877, Christchurch 8140
Email: orsenquiries@moh.govt.nz