Radiation Control, Cape Town radconcpt@sahpra.org.za 🕿+2712 015 5516

Radiation Control, Durban radcondbn@sahpra.org.za 🕿+2731 015 5825

Radiation Control, Pretoria radconpta@sahpra.org.za 🕿+2712 501 0367

|  |
| --- |
| **For office use only** |
| **File no:** |
| **Licence no:**  |
| **Code:** |

NOTE: ALLOW 30 DAYS FOR ADMINISTRATION

1. **PARTICULARS OF APPLICANT**

|  |
| --- |
| Name and postal address of licence holder:  |
|  |
|  | Postcode: |
| 🕿 | Fax no.: | E-mail: |
| Name and postal address of contact person (*If different from above)*: |
|  |
|  | Postcode: |
| 🕿 | Fax no.: |

# **DECLARATION (by the applicant):**

|  |
| --- |
| I, (PLEASE PRINT):...................................................................................... hereby declare that the information supplied is to the best of my knowledge true and correct. |
| Signature: | Date: |
| Designation: |

**3 DETAILS OF GENERATOR / SYSTEM**

|  |  |
| --- | --- |
| Name of manufacturer:  | Licence no**:**  |
| Brand name:  | Model: |
| Generator serial no:  | Unit serial no: |

**4. Particulars of premises**

|  |
| --- |
| Address: - General (i.e., block, floor, room, vehicle reg. no.) |
| Section: | Street:  |
| Building:  |
| Suburb:  | Postcode:  |

**5. REASON FOR RE-INSTATEMENT:** ......................................................................................................

........................................................................................................................................................................................