Radiation Control, Cape Town [radconcpt@sahpra.org.za](mailto:radconcpt@sahpra.org.za) 🕿+2712 015 5516

Radiation Control, Durban [radcondbn@sahpra.org.za](mailto:radcondbn@sahpra.org.za) 🕿+2731 015 5825

Radiation Control, Pretoria [radconpta@sahpra.org.za](mailto: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:** ......................................................................................................

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