1. **PARTICULARS**

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| --- |
| Name (legal person) e.g. a company registered in the RSA, an university, government department, hospital, etc. OR name of partnership/trust etc. |
| Section or division of establishment - e.g. university dept, branch or division of company, a hospital (if part of a group), division of a partnership, etc. (if applicable) |
| 🕿 | Fax no.: |
| **General** Email: | Licence no |

1. **Postal address (To be used for correspondence)**

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|  |
| Suburb | Postcode: |

1. **TYPE OF APPLICATION (Indicate with a X in the applicable block)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unit dismantled | Unit sold/ transferred | Unit Stored | Unit Modified | New/modified premises |

1. **IDENTIFICATION OF PRODUCT**

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| --- |
| Name of manufacturer: |
| Brandname: | Year of manufacture: |
| Model: | Unit serial no: |

1. **DETAILS OF PRODUCT MODIFICATION**

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1. **PARTICULARS OF NEW/MODIFIED PREMISES**

|  |  |
| --- | --- |
| Building | Other: |
| Address: - General (i.e. block, floor, room) |
| Building: | Street: |
| Section: |
| Suburb: | Postcode: |

* 1. ***Premises***

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| **Please attach a diagram or plan** indicating the appropriate enclosure or room with special reference to:(a) The normal location of the wave-guide; the direction and extent of gantry movement; general direction(s) of the useful beam; locations of any windows and doors; and the location of the control panel.(b) The structural composition and thickness or lead equivalent of all walls, doors, partitions, floor, and ceiling of the room(s) concerned.(c) The dimensions of the room(s) concerned.1. The type of occupancy of all adjacent areas inclusive of space above and below the room(s) concerned. If there is an exterior wall, show distance to the closest area(s) where it is likely that individuals may be present.
2. Design dose levels for control and uncontrolled areas (see NCRP Report No. 151). Must be included if operational factors change.
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1. **DETAILS OF PERSON/COMPANY TO WHOM ELECTRONIC PRODUCT HAS BEEN SOLD/TRANSFERRED**

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| --- |
| Name and postal address: |
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| Contact person |
| 🕿 | Cell no | Fax no |

1. **DECLARATION**

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

|  |
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| **For office use only** |
| Type of modification/disposal | Generic code |
| Unit sold to another user | DP001 |
| Unit transferred to new premises of the same licence holder | DP002 |
| Unit sold to a distributor | DP003 |
| Unit dismantled | DP004 |
| Licence holder disappeared | DP005 |
| Unit in storage | DP008 |
| Unit modified | DP009 |