 **Radiation Control**   
 Private Bag X62 Enquiries: Admin

**RN528**

BELLVILLE 🕿: 021-957 7472 / 021-015 5511

7535 [radionuclides@sahpra.org.za](mailto:radionuclides@sahpra.org.za)

**APPLICATION FOR CANCELLATION OF AUTHORITY   
TO HANDLE RADIOACTIVE MATERIAL**

IN TERMS OF SECTION 3A OF THE HAZARDOUS SUBSTANCES ACT 15 OF 1973

Please quote your file number   
 in all correspondence ⇨

**File no.: Authority no: /**

***Submit the completed application to the email address above, not to any other member of staff.***

Section A: Scope of application

In terms of the Regulations relating to Group IV Hazardous Substances (No. R.247 of 1993), made in terms of section 29 of Act 15 of 1973,   
I, , in my capacity as **□** Authority Holder or □ RPO

of (name of legal entity) , wish to inform Radiation Control that the above entity has discontinued all operations involving the use and/or handling of radioactive material and wishes to cancel its authority.

I hereby declare that all the sealed sources in the abovementioned authority have been disposed of by means of □ delivery to NECSA, □ sale to other authority holder(s), □ return to supplier, □ export.

*Please give details of disposal in the attached table or on a copy of your source list.*

Section B: Contact details for future enquires or communications

Name of contact person(s)

Physical address

🕿 Email

Section C: Declaration by the Authority holder/RPO

I (print name) hereby declare that the information supplied in this form is to the best of my knowledge true and correct.

Signature Date

ID 🕿

**Form completed by** (print name)

Signature Date

Email 🕿

Download the current Radionuclides forms from [www.sahpra.org.za](http://www.sahpra.org.za) (Health Products tab).

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Section D: Source information

**File no.: Authority no: /**

Please number any additional sheets and *label them with your file number*.

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|  |  |  |  |  | | **TRANSFERRED TO** | |
| **No.** | **Radionuclide** | **Activity** | **Source serial No.** | **Container serial No.** | **Means of disposal \*** | **Authority holder** | **Authority number** |
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\* ***Means of disposal***:Please indicate whether the source was sent to NECSA NLM, sold, returned to supplier, exported, etc – as indicated in Section A.