Radioactive Materials Declaration Form

Applicant Information

Full Name					
Department/Unit					
Contact Number					
Email Address					
Material De	etails				
Radioisotope	Form (solid, liquid, gas)	Quantity	Activity (Bq/Ci)	Packing/Container Type	Purpose of Use
Storage Inf	ormation		<u> </u>		
Storage Location					
Storage Method					
Transport l	nformation				
Transport In Transport Method	mormation				
From (Location)					
To (Location)					
Date of Transport					
Disposal Pl	lan				
Briefly describe the					

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge.					
Declarant Name					
Date					