You can only use this form if you are applying for or varying one of the radioactive substances activities described in the two boxes below. You may only apply for one registration using this form. If you need more than one registration you should send a separate application for each registration. You are strongly encouraged to read our Application Information Note before you submit this form. Applications which are incomplete or incorrectly completed will be returned.

**How to use this form**. You must complete sections A, B and C of this form. Complete section A by checking the box of the radioactive substances activity you wish to be authorised and then confirming all applicable statements and providing the requested information.

**Section A**

**A1 Outwith Scotland Registration**

The management (other than the disposal) of sealed sources that are normally kept in the UK outwith Scotland and are kept in Scotland for less than 4 months at any one visit.

To be eligible for this Registration you must be able to confirm the following statements:

The permit number is insert permit reference. and was issued by UK environment agencies.

I confirm that the sealed radioactive sources will not normally be kept in Scotland for more than 4 consecutive months at any one visit.

I confirm that my practice is justified.

The applicable radioactive substances standard conditions for this Registration are A, B, C, D, F (and E if HASS applies). I confirm that I have read, understood and am able to comply with these conditions.

**A2 Non-Nuclear Registration**

The management of unsealed radioactive substances that have a total activity not exceeding 10 GBq Tc-99m and 20 MBq of all other radionuclides with no disposals to the environment other than those allowed by the standard conditions G.3 to G.5.

To be eligible for this Registration you must be able to confirm the following statements:

I confirm that the total activity of radioactive substances that I will hold will not exceed 10 GBq Tc-99m and 20 MBq of any other radionuclide.

I confirm that my practice is justified.

The applicable radioactive substances standard conditions for this Registration are A, B, C and G. I confirm that I have read, understood and am able to comply with these conditions.

Any personal data that you have been asked to provide on this form and as part of this application process will be held and processed in accordance with SEPA’s Privacy Notice, available on SEPA’s website.

**Section B**

**TYPE OF APPLICATION**

|  |
| --- |
| **1a. Please state which of the following applications you are making** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of application** | **Tick applicable box below** | **List existing authorisation** | **Details of variation required** |
| New |  |  |  |
| Variation |  | Click here to enter text. | Click here to enter text. |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| **1b. Please provide details of the legal person who will hold the registration.** The person can be a sole trader, a partnership or company. | |
| **Legal Business Name** | Click to enter business name. |
| **Legal Status** | Choose an item. |
| **Trading/Business Name**  (if different) | Click to enter business name. |
| **Company Registration number**  (if applicable) | Click to enter company registration number. |
| **Official/Registered office address** | Click to enter registered address. |
| **Postcode** | Click to enter postcode. |
| **Email address** | Click to enter email address. |
| **Telephone number** | Click to enter telephone number. |

**SITE DETAILS**

|  |  |
| --- | --- |
| **1c. Outwith Scotland registration:** For sealed radioactive sources normally kept outwith Scotland, please provide details on where the sources are usually kept when not in Scotland.  **For non-nuclear registration:** Please provide details of the premises where the radioactive substances activity will be carried out. | |
| **Name** | Click to enter business name. |
| **Address** | Click to enter site address. |
| **Postcode** | Click to enter postcode. |
| **Telephone Number** | Click to enter telephone number. |
| **Local Authority** | Click to enter Local Authority name. |
| **National Grid Reference (NGR)** | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | …. | …. |  | …. | …. | …. | …. |  | …. | …. | …. | …. | |

**CONTACT DETAILS**

|  |  |
| --- | --- |
| **1d. Please provide details about the person who we may contact about the application.** This may be someone in your organisation or it could be a consultant. | |
| **Name** | Click to enter contact name. |
| **Address** | Click to enter contact address. |
| **Postcode** | Click to enter postcode. |
| **Email address** | Click to enter email address. |
| **Telephone number** | Click to enter telephone number. |
| **Position/Designation** | Click to enter position/designation. |

|  |  |
| --- | --- |
| **1e. Please provide details of the contact and billing address for invoices to be sent.** The registration, if granted, will attract an annual subsistence fee. This is the person to whom we can send the annual invoice. | |
| **Name** | Click to enter contact name. |
| **Address** | Click to enter contact address. |
| **Postcode** | Click to enter postcode. |
| **Email address** | Click to enter email address. |
| **Telephone number** | Click to enter telephone number. |
| **Position/designation** | Click to enter position/designation. |
| **SEPA account number** (if known) | Click to enter account number. |

**Section C**

**REMITTANCE INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please provide payment details for the application** *(see guidance note on p7)* | | | | |
| Please ensure you submit the correct fee for your application. This fee is reviewed every year. For latest fees please consult the latest [Environmental Regulation (Scotland) Charging Scheme](https://www.sepa.org.uk/regulations/authorisations-and-permits/charging-schemes/charging-schemes-and-summary-charging-booklets/) on the SEPA website ([www.sepa.org.uk](http://www.sepa.org.uk) and search for ‘charging schemes and summary charging booklets’) or contact your local SEPA office. | | | | |
| **BACS** | Sort Code | 83-34-00 | **IMPORTANT!** When paying by BACS or direct transfer you MUST submit remittance advice or proof of payment with your application form. If this is not received the application will be deemed invalid and returned to you, as SEPA is unable to process your application without this. |  |
| A/C Number | 00137187 |
| **Online Payment** | **Payment reference number** Click here to enter number  *Go to* [Welcome to Online Payments | Scottish Environment Protection Agency (SEPA)](https://www.sepa.org.uk/about-us/welcome-to-online-payments/)*on the SEPA website to make payment by credit or debit card.* | | |  |
| **Amount payable** | £ insert fee. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION: Please read the declaration and complete the boxes below** | | | |
| *I/we hereby apply for authorisation under the Environmental Authorisations (Scotland) Regulations 2018 in respect of the premises referred to in Section B and in respect of the management of radioactive substances of the description and quantities referred to in this application. I/we declare that to the best of my/our knowledge the particulars in each section of this application are true and accept that the information contained in the application may form part of the publicly available information held by the Scottish Environment Protection Agency and relevant public registers. I/we have read the data protection notice and understand the implications of the General Data Protection Regulation (GDPR).* | | | |
| The signature box below allows you to insert a scanned image of a signature | | | |
| Signature |  | Date | Click to enter a date. |
| Name | Click to enter name. | Position | Click to enter position. |
| Authorised on behalf of (company, corporate body, firm, etc) | | Click to enter business name. | |

|  |  |
| --- | --- |
| **APPLICATION CHECKLIST: Once you have completed all parts of the application, please use this checklist to indicate the items you have completed and are sending us as part of this application.** | |
| One copy of the completed application form |  |
| Remittance advice/proof of payment |  |
| Declaration signed |  |