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**Modular Application for PERMIT of**

**RADIOACTIVE SUBSTANCES ACTIVITIES**

**Not involving Sealed Sources**

**Under the**

**Environmental Authorisations (Scotland) Regulations 2018**

This form is **only** for permits relating to **unsealed radioactive material and radioactive waste**.

You must use this form to:

* **APPLY FOR A NEW PERMIT**
* **VARY THE CONDITIONS OR LIMITS OF AN EXISTING PERMIT**

Further information on what type of authorisation you require for your radioactive substances activity can be found in the *Radioactive Substances Authorisation Guide* available on the SEPA [website](https://www.sepa.org.uk/regulations/authorisations-and-permits/application-forms/).

Applications for transfers, surrenders and sealed sources are available on the SEPA [website](https://www.sepa.org.uk/regulations/authorisations-and-permits/application-forms/).

SEPA will attach a number of standard conditions to your permit, depending on what you have applied for. We would recommend that you read the suite of standard conditions before you apply. They can be obtained on SEPA’s [website](https://www.sepa.org.uk/regulations/authorisations-and-permits/application-forms/)

If you feel that a section of standard conditions will not be suitable for your activity, please indicate what changes you think are necessary. SEPA may issue bespoke conditions.

**All reference notes in this form relate to the Modular Application Form Guidance available on the SEPA** [**website**](https://www.sepa.org.uk/regulations/authorisations-and-permits/application-forms/)**. We encourage you to read the guidance when completing this form.**

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 1 - GENERAL INFORMATION**

**TYPE OF APPLICATION**

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| --- |
| **1a. Please state which of the following applications you are making** *(see guidance note on p5)* |

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| --- | --- | --- | --- |
| **Type of application** | **Tick applicable box below** | **List existing authorisation** | **Offshore?** |
| New |  |  |  |
| Variation\* |  | Click here to enter text. |  |

|  |  |  |
| --- | --- | --- |
| \*Type of variation | Substantial | Standard |

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| **1b. Is the application relating to a nuclear site?** *(see guidance note on p5)* |
| **Yes  No** |

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| **1c. To meet with the requirements of this application you must have a recognised Justified Practice.** Details of Justified Practices can be found in the government’s *Justification of Practices Involving Ionising Radiation Regulations 2004* document ([link](https://www.gov.uk/government/publications/the-justification-of-practices-involving-ionising-radiation-regulations-2004-guidance-on-their-application-and-administration)) *(see guidance note on p5)* |
| I confirm that my Practice is Justified |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| **1d. Please provide details of the legal person who will hold the permit** *(see guidance note on p5)* | |
| **Legal Business Name:** | Click here to enter text. |
| **Legal Status** | Please select an option from the drop down list. |
| **Trading/Business Name (if different):** | Click here to enter text. |
| **Company Registration number (if applicable):** | Click here to enter text. |
| **Official/Registered Office Address** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |

**SITE DETAILS – Onshore Premises**

|  |  |
| --- | --- |
| **1e. Please provide details of the premises to which the application refers** *(see guidance note on p6)* | |
| **Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |

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| **1f. Please give the grid reference of the main entrance to the premises** *(see guidance note on p6)* |
| **Ordnance Survey national grid reference 8 characters,**  ***For example SJ 1234 5678***   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | |

**INSTALLATION DETAILS – Offshore Premises**

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| --- | --- |
| **1g. Please provide details of the fixed offshore premises where the radioactive substances activity will be carried out.** *(see guidance note on p6)* | |
| **Offshore Installation Name:** | Click here to enter text. |
| **Block Number(s):** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |
| **National Grid Reference (NGR)** | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | … | … |  | … | … | … | ... |  | … | … | …. | ... | |

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| **1h. Please provide details of the mobile offshore premises carrying out the radioactive substances activity.**  *(see guidance note on p7)* | |
| **Name of mobile offshore premises:** | Click here to enter text. |
| **International Maritime Organization (IMO) number of the mobile offshore premises:** | Click here to enter text. |
| **Owner of the mobile offshore premises, if not the applicant:** | Click here to enter text. |

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| **1i. Please state the local government area in which the premises are situated** *(see guidance note on p7 – where applicable please select ‘outwith Scotland’ or ‘offshore installation’).* |
| Select a Local Authority |

**CONTACT DETAILS**

|  |  |
| --- | --- |
| **1j. Please provide details about the individual that we may contact about the application** *(see guidance note on p6)* | |
| **Person’s Name:** | Click here to enter text. |
| **Position/Designation:** | Click here to enter text. |
| **Company Name** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |

|  |  |
| --- | --- |
| **1k. Please provide details of the contact and billing address for invoices to be sent** *(see guidance note on p7)* | |
| **Person’s Name:** | Click here to enter text. |
| **Position/Designation:** | Click here to enter text. |
| **Company Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |
| **SEPA account number (if known)** | Click here to enter text. |

**REMITTANCE INFORMATION**

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| --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION: Please read the declaration and complete the boxes below** *(see guidance note on p8)* | | | |
| *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**

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| --- | --- | --- |
| **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 the application.** *(see guidance note on p8)* | | |
| Payment made using a suitable payment method |  | |
| Remittance Advice/Proof of Payment (if applicable) |  | |
| Declaration signed |  | |
| Application sections completed and submitted | 1. Mandatory |  |
| 1. Mandatory |  |
| 1. If applicable |  |
| 1. If applicable |  |
| 1. If applicable |  |
| 1. If applicable |  |
| 1. If applicable |  |
| 1. If applicable |  |
| Supporting documents/information - please list documents included: | List supporting docs/info here. | |