

SECTION A-1

Application for authorisation of shipment(s) of radioactive waste

1.	Type of shipment (tick the appropriate box): <input type="checkbox"/> type MM: shipment between Member States (via one or more Member States or third countries) <input type="checkbox"/> type IM: import into the Community <input type="checkbox"/> type ME: export out of the Community <input type="checkbox"/> type TT: transit through the Community
2.	Application for authorisation for (tick the appropriate box): <input type="checkbox"/> a single shipment _____ Planned period of execution: _____ <input type="checkbox"/> several shipments: number (planned) _____ Planned period of execution: _____
3.	<input type="checkbox"/> Not applicable. <input type="checkbox"/> Type MM shipment(s) via one or more third countries: Frontier post of exit from the Community (*): _____ Frontier post of entry to third country (*) (first country crossed): _____ Frontier post of exit from third country (*) (last country crossed): _____ Frontier post of return to the Community (*): _____ (*) These frontier posts must be identical for all shipments covered by the application unless otherwise agreed by the competent authorities.
4.	Applicant (trade name): _____ <input type="checkbox"/> Holder (for types MM, ME) <input type="checkbox"/> Consignee (for type IM) <input type="checkbox"/> Other (for type TT), to be specified _____ Address: _____ Postcode: _____ Town: _____ Country: _____ Tel. _____ Fax _____ E-mail: _____ Contact person: Mr/Ms _____
5.	Location of the radioactive waste before shipment (trade name): _____ Address: _____ Postcode: _____ Town: _____ Country: _____ Tel. _____ Fax _____ E-mail: _____ Contact person: Mr/Ms _____
6.	Consignee (trade name): _____ Address: _____ Postcode: _____ Town: _____ Country: _____ Tel. _____ Fax _____ E-mail: _____ Contact person: Mr/Ms _____
7.	Location of radioactive waste after shipment (trade name): _____ Address: _____ Postcode: _____ Town: _____ Country: _____ Tel. _____ Fax _____ E-mail: _____ Contact person: Mr/Ms _____

8.	Nature of radioactive waste: _____ Physicochemical characteristics (tick as appropriate): <input type="checkbox"/> solid, <input type="checkbox"/> liquid, <input type="checkbox"/> gaseous, <input type="checkbox"/> other (e.g. fissile, low dispersible, ...), to be specified _____ Main radionuclides: _____ Maximum alpha activity: per shipment (GBq) _____ per package (GBq) _____ Maximum beta/gamma activity: per shipment (GBq) _____ per package (GBq) _____ Total alpha activity (GBq): _____ Total beta/gamma activity (GBq): _____ (These values are estimates if the application relates to several shipments)			
9.	Total number of packages: _____ Total net mass of shipment (kg): _____ Total gross mass of shipment (kg): _____ (These values are estimates if the application relates to several shipments) Description of consignment: <input type="checkbox"/> Plastic bags, <input type="checkbox"/> metal drums (m ³): _____, <input type="checkbox"/> ISO transport container (m ³): _____, <input type="checkbox"/> other, to be specified _____ Type of package ⁽¹⁾ (if known): _____ Means of identification of the packages (if labelling is used, annex examples): _____ <small>⁽¹⁾ According to Regulations for the Safe Transport of Radioactive Material 2005 Edition, Safety Requirements No TS-R-1 IAEA, Vienna, 2005.</small>			
10.	Type of activity giving rise to the radioactive waste (tick as appropriate): <input type="checkbox"/> medicine, <input type="checkbox"/> research, <input type="checkbox"/> (non-nuclear) industry, <input type="checkbox"/> nuclear industry, <input type="checkbox"/> other activity (to be specified): _____			
11.	Purpose of the shipment: <input type="checkbox"/> return of radioactive waste after (re)treatment or reprocessing of spent fuel <input type="checkbox"/> return of radioactive waste after treatment of radioactive waste <input type="checkbox"/> treatment, e.g. (re)packaging, conditioning, volume reduction <input type="checkbox"/> interim storage <input type="checkbox"/> return after interim storage <input type="checkbox"/> final disposal <input type="checkbox"/> other purpose (to be specified): _____			
12.	Proposed mode of transport (road, rail, sea, air, inland waterway)	Point of departure	Point of arrival	Proposed carrier (if known)
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			

13.	Sequential list of countries concerned in the shipment (the first country is that where the radioactive waste is held and the last is the country of destination)			
	1.	3.	5.	7.
	2.	4.	6.	8.
14.	<p>In accordance with the provisions of Directive 2006/117/Euratom, I, the applicant, hereby:</p> <ol style="list-style-type: none"> 1. apply for authorisation to make the shipment(s) of radioactive waste described above; <i>and</i> 2. certify that the information provided above is correct to the best of my knowledge and that the shipment(s) will be carried out in accordance with all the relevant statutory provisions; <i>and</i> 3. (*) (Where the shipment is of type MM or ME) undertake to take back the radioactive waste if the shipment(s) cannot take place or if the conditions for shipment cannot be fulfilled; <i>or</i> <p>(*) (Where the shipment is of type IM or TT) attach hereto the evidence of the arrangement between the consignee and the holder of the radioactive waste established in the third country, which has been accepted by the competent authority of the third country, stating that the holder in the third country will take back the radioactive waste if the shipment(s) cannot take place or if the conditions for shipment cannot be fulfilled, unless an alternative safe arrangement can be made.</p>			
(Date and place)		(Stamp)	(Signature)	
(*) Only one of the asterisked statements can apply: delete as applicable.				