ANNEX I

SHIPMENT OF SEALED SOURCES BETWEEN THE MEMBER STATES OF THE EUROPEAN COMMUNITY

Standard document to be used pursuant to Council Regulation (EEC) No 1493/93

Notice

- The consignee of sealed sources must complete boxes 1 to 5 and send this form to the relevant competent authority in his country.
- The competent authority of the consignee Member State must fill in box 6 and return this form to the consignee.
- The consignee must then send this form to the holder in the forwarding country prior to the shipment of the sealed sources.
- All sections of this form must be completed and boxes ticked, where appropriate.

1.	THIS DECLARATION CONCERNS:	ONE SHIPMENT	(This form is valid until the shipment is completed unless otherwise stated in box 6)		
	expected date of shipment (if available):				
		SEVERAL SHIPMENTS	(This form is valid for three years unless otherwise stated in box 6)		
2.	DESTINATION OF THE SOURCE(S)	 			
	Name of consignee:				
	Person to contact:				
	Address:				
	Tel.:				
3.	HOLDER OF THE SOURCE(S) IN TH	HE FORWARDING CO	DUNTRY		
	Name of holder:				
	Person to contact:				
	Address:				
	Tel.:				
4.	DESCRIPTION OF THE SOURCE(S) INVOLVED IN THE SHIPMENT(S)				
	(a) Radionuclide(s):				
	(b) Maximum activity of individual source	e (MBq):			
	(c) Number of sources:				
	(d) If this (these) sealed source(s) is (are) mounted in (a) machinery/device/equipment, short description of the machinery/device/equipment:				
	(e) Indicate (if available and requested bynational or international technical	the competent authorities tandard with which the			
	- date of expiry of certification:				

5.	DECLARATION OF THE AUTHORIZED OR RESPONSIBLE PERSON			
	- I, the consignee, hereby certify that the information provided in this form is correct.			
	- I, the consignee, hereby certify that I am licensed, authorized or otherwise permitted to receive the source(s) described in this form.			
	- Licence, authorization or other permission number (if applicable) and validity date thereof:			
	- I, the consignee, hereby certify that I comply with all the relevant national requirements, such as those relating to the safe storage, use or disposal of the source(s) described in this form.			
	Name: Date:			
6.	CONFIRMATION BY THE COMPETENT AUTHORITY OF THE CONSIGNEE COUNTRY THAT IT HAS TAKEN NOTE OF THIS DECLARATION.			
	Stamp:			
N	ame of the authority:			
	ddress:			
	el.:			
D	ate:			
Tl	his declaration is valid until (if applicable):			

Please see box 1, page 1, for guidance on the length of time this form is valid.