



Annex I: Shipment of sealed sources between the member states of the European Community

Standard document to be used pursuant to Council Regulation (EEC) #1493/93

You need assistance completing the form?



Call +49 6196 908-2628
from 8.30am – 4pm CET, Monday – Thursday and
from 8.30am – 3pm CET, Friday

Email: radionuklide@bafa.bund.de
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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 sealed sources.
- All sections of this form must be completed and boxes ticked, where appropriate.

1 This declaration concerns

This declaration concerns	Expected date of shipment (if available)
<input type="checkbox"/> One shipment (This form is valid until the shipment is completed unless otherwise stated box 6)	
<input type="checkbox"/> Several shipments (This form is valid for three years unless otherwise stated box 6)	

2 Destination of source(s)

Name of consignee	
Person to contact	
Address	
Phone	Email



3 Holder of the source(s) in the forwarding country

Name of holder	
Person to contact	
Address	
Phone	Email

4 Description of source(s) involved in shipment(s)

Radionuclide(s)			
Maximum activity of individual source [MBq]			
Number of sources			

If this (these) sealed source(s) is (are) mounted in (a) machinery/device/equipment, short description of the machinery/device/equipment

Indicate (if available and requested by the competent authorities)

National or international technical standard with which the sealed source(s) complies(y) and certificate number

Date of expiry of certification

Name of manufacturer and catalogue reference

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 | **Signature**



6 Confirmation by the competent authority of the consignee country that it has taken note of this declaration

Stamp	
Name of the authority	
Address	
Phone	Email
Date	This declaration is valid until (if applicable)

Please see box 2, page 1, for guidance in the length of time this form is valid.