

BIJLAGE 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: Fax:

3. **HOLDER OF THE SOURCE(S) IN THE FORWARDING COUNTRY**

Name of holder:  
 Person to contact:  
 Address:

Tel: Fax:

4. **DESCRIPTION OF THE SOURCE(S) INVOLVED IN THE SHIPMENT(S)**

a) Radionuclide(s):

b) Maximum activity of individual source (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 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 the 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 :

Signature :

Date:

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**6. CONFIRMATION BY THE COMPETENT AUTHORITY OF THE CONSIGNEE COUNTRY THAT IT HAS TAKEN NOTE OF THIS DECLARATION.**

Stamp :

**Name of the authority :****Address :**

Tel :

Fax :

Date :

This declaration is valid until (if applicable):

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