 **Radiation Control**
 Private Bag X62 Enquiries: Admin

**RN527**

 BELLVILLE 🕿: 021-957 7472 / 021-015 5511

 7535 radionuclides@sahpra.org.za

**APPLICATION FOR A CHANGE OF DETAILS OF AN AUTHORITY HOLDER**

IN TERMS OF SECTION 3A OF THE HAZARDOUS SUBSTANCES ACT 15 OF 1973

 Please quote your file number
 in all correspondence ⇨

 **File no.: Authority no: /**

***Send the application to the email address above (not to other members of staff).***

Section A: Scope of Application

I, *(please print legibly)* ,

ID No. in my capacity as

(please tick) **□ Authority Holder** / **□ Radiation Protection Officer (RPO) /** **□ Acting RPO**

of (company name): ,

hereby inform Radiation Control that: *(please mark the RELEVANT BOX/ES)*

 **□** ONLY the name of the company has changed, not the ownership.
(If the *ownership* of the company changes, the present company completes an RN528
and the new company completes an RN787.)

 **□** the company has relocated to different premises.

 **□** the contact details of the company have changed.

 **□** the name and/or contact details of the authority holder’s financial auditors have changed.

Section B: Previous/current details of authority holder

***Refer to your existing authority for these details. .***

1. Holder of authority:
2. Section or department:
3. Postal address:
4. Premises address:
5. Office phone: Cell:
6. Fax: Email:
7. Name of radiation protection officer:
8. Name of acting radiation protection officer:

Section C: NEW details of authority holder

***(Only changes need to be completed here; please leave unchanged fields blank)***

1. Holder of Authority:
2. Section or Department:
3. Postal address:

1. Premises address:

1. Office phone: Cell:

 Fax: Email:

1. Name of new radiation protection officer:
2. Name of new acting radiation protection officer:

***Note*** *that for changes of office-bearers (RPO, ARPO or medical physicists), the relevant forms RN785 and/or RN786 must also be submitted.*

Section D: New details of auditor

1. New auditor name:
2. Postal address:

1. Office phone: Cell:
2. Fax: Email:

Section E: Declaration by applicant

I (PRINT NAME) ........................................................................ hereby declare that the information supplied in this form is to the best of my knowledge true and correct.

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| --- | --- |
| Signature: Name: Designation:  (Authority holder, RPO, ARPO)ID:  | Date:  |