



RADIATION PROTECTION AUTHORITY OF ZIMBABWE

"...protecting the people and environment against radiation effects..."

NORM APPLICATION FORM

The ***Radiation Protection Act [Chapter 15:15] of 2004*** and ***Statutory Instrument 99 of 2013*** require that any person who **generates, possesses, transfers, uses or disposes** of **Naturally Occurring Radioactive Material (NORM)** as well as the **manufacture** of products containing NORM to be authorized.

RPAZ/AF/NORM-01

SECTION A: APPLICANT INFORMATION

Name of Facility	
Head of Institution:	
Title:	
Address Physical:	
Postal:	
Town/City	
Telephone	
E-mail	

SECTION B: FACILITY AND ACTIVITY SPECIFICATIONS

Indicate the industrial activity undertaken at your facility and where possible provide details in the space provided under the table.

Activity	Check
Mineral Extraction and Processing	
Mining and Processing Uranium ores	
Mining of ores other than uranium ore	
Production of:	

Bauxite/Aluminium, Copper, Lead, Tin/Tantalum, Zinc, and Iron and Steel	
Phosphate Industry	
Extraction of Rare Earths Elements and Mineral Sands	
Production and use of Thorium and its compounds	
Production of Niobium and Ferro-niobium	
Downstream Processing of Mineral Sands	
Titanium Dioxide pigment production	
Zircon and Zirconia production	
Oil and Gas Production	
Metal Recycling	
Coal Extraction, combustion of Coal and Thermal-Electric Production	
Water Treatment Facilities	
Underground Workings and Tunnelling	
Building Industry	
Other	

Details of Operational Processes:

SECTION C: FACILITY SPECIFICATIONS

Physical Size of Facility (approximately) (m ² or km ²)	
Number of Workers at Facility	
Closest Settlement/Town/City	
Distance to closest Settlement/Town/City (km)	

SECTION D: RADIATION SAFETY PROGRAM

D.1	Radiation Safety Officer Name: _____
	Telephone: _____
	E-mail: _____
	Qualifications: _____
D.2	Alternative Radiation Safety Officer(s) (if applicable) Name: _____
	Telephone: _____
	E-mail: _____
	Qualifications: _____

SECTION D: RADIATION SAFETY PROGRAM Authorisation Classification Applied For

	Exemption
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	Conditional Exemption, Monitoring (Annual): Attach Monitoring Plan
	Licensing: Attach the Radiation Protection Program and Monitoring Plan

Declaration (to be signed by the representative of the legal person making the application or other authorized person)

I hereby declare that the information provided on this form and in support of this application, is to the best of my knowledge, complete and true and that I have read and understood the *Radiation Protection Act [Chapter 15:15]* and *Statutory Instrument 99 of 2013*.

Name _____ Date: _____

Signature _____

**To submit the completed application,
Mail the completed form, application fee and all accompanying
documentation to:**

Radiation Protection Authority of Zimbabwe
1 McCaw Drive
P.O. Box A1710
Avondale
Harare

**The application form, proof of payment and all accompanying
documentation may also be submitted electronically.**

E-mail: licensing@rpaz.co.zw