

Application form to obtain **a licence or a single transport of** Class 7 dangerous goods

Additional information to complete the form

* Please complete the form correctly and **in full**. The footnotes are important.
* The “RD on Transport” refers to the Royal Decree of 22/10/2017 on the transport of Class 7 dangerous goods, amended on 3/7/2019.
* Each attachment is referenced and dated.
* If this document or the attachments contain data that is classified according to the Royal Decree of 17 October 2011 on **the classification and protection of nuclear documents**, the rules for using this type of documents shall be observed.
* If any attachments are not written in Dutch, French, German or English, a translation of these documents into one of these languages shall be included.
* If the application relates to a single transport operation as specified in **Article 7 or 8 of the Agency Regulation relating to Chapter 4 of the RD on Transport**, the application form for transport authorisation or shipment approval shall also be completed (from Part II).
* Meaning of the footnotes in the form:

a: Mandatory fields

b: If applicable

c: As used in the Crossroads Bank for Enterprises (BCE/KBO) for Belgian companies. For European companies, please supply the registration number in the national register as defined in European Directive 2017/1132/EU.

* The reference for the application, revision number and date shall be included in the footer.

**SECTION I: GENERAL INFORMATION**

|  |  |
| --- | --- |
| Application reference: | Enter the application reference |
| Application revision: | Enter the application revision No. |
| Application date: | Select the application date |

1. **APPLICANT IDENTIFICATION**
   1. **Head office**

|  |  |  |
| --- | --- | --- |
| Namea: | |  |
| Company Numberac: | |  |
| Addressa: | |  |
|  | |  |
| Phone (general)a: | |  |
| E-mail (general)a: | |  |
| Website: | |  |
|  | | |
| Legal representative: | Namea: |  |
|  | Functiona: |  |
|  | Phonea: |  |
|  | Mobile: |  |
|  | E-maila: |  |
|  | | |
| Contact person: | Name: |  |
| (for questions relating | Function: |  |
| to the content of this application) | Phone: |  |
|  | Mobile: |  |
|  | E-mail: |  |

A **copy** of the following documents is attached

**Attachment 1:** Founding statutes of the company.

**Attachment 2:** Legal representative’s mandate.

**Attachment 3:** Company organisation chart.

* 1. **Operational office (if different from the head office)**

|  |  |
| --- | --- |
| Namea: |  |
| Addressa: |  |
|  |  |
| Phone (general)a: |  |
| Website: |  |

|  |  |  |
| --- | --- | --- |
| Contact person:  (if different) | Name: |  |
| Function: |  |
| Phone: |  |
| Mobile: |  |
| E-mail: |  |

* 1. **Invoicing information**

|  |  |
| --- | --- |
| Namea: |  |
| Addressa: |  |
|  |  |
| VAT Number: |  |
| Referenceto be quoted on the invoice (if necessary): |  |

* 1. **Health Physics Department (HPD)**

|  |  |
| --- | --- |
| Name of the Head of the Health Physics Department a: |  |
| Name of the radiation protection officer (if someone other than the above): |  |
| Name of the recognised health physics expert or name of the recognised health physics organisationa: |  |
| Addressac: |  |
|  |  |
| Phonea: |  |
| Mobile: |  |
| E-maila: |  |

All recognised health physics organisations for the transport of Class 7 dangerous goods are listed on the [www.fanc.fgov.be](http://www.fanc.fgov.be) website.

A **copy** of the following document is attached:

**Attachment 4:** Organisation chart showing the position of the Head of the Health Physics Department (HPD) in the organisation structure.

* 1. **Class 7 Safety advisor**(only needs to be completed for modes of transport involving **road**, **rail** and **inland waterways**)

|  |  |
| --- | --- |
| Namea: |  |
| Addressa: |  |
|  |  |
| Name of organisation: |  |
| Phonea: |  |
| Mobile: |  |
| E-maila: |  |

A **copy** of the following documents is attached:

**Attachment 5:** Designation of the Class 7 safety advisor.

**Attachment 5A:** Training certificate for the Class 7 safety advisor, if issued by another EU Member State or another state that has ratified the ADR, RID or ADN regulations.

**SECTION II: SPECIFIC INFORMATION**

1. **INFORMATION ON THE SINGLE TRANSPORT OPERATION**
   1. **General information**

|  |  |
| --- | --- |
| foreseen date of the transport : |  |
| Consignor |  |
| Name:  Address: |  |
|  |
|  |
| Consignee: |  |
| Name:  Address: |  |
|  |  |

* 1. **Transport mode: (please select just one mode)**

|  |  |  |
| --- | --- | --- |
|  | **Vehicle type** | **From/To/Via** |
| Road |  |  |
| Air |  |  |
| Rail |  |  |
| Sea |  |  |
| Sea - Roll-on/roll-off |  |  |
| Inland waterways |  |  |

* 1. **Additional information for each mode of transport:**
     1. Transport by road:

|  |  |
| --- | --- |
| Type of transport unit: |  |
| Proposed route: |  |

* + 1. Transport by air:

|  |  |
| --- | --- |
| Name of airport concerned: |  |
| Name(s) of the handler(s) concerned: |  |
| Company number of the handler(s)c: |  |
| Recognition or licence number of the handler(s): |  |

* + 1. Transport by sea or by inland waterways:

|  |
| --- |
| Transport by sea  Transport by sea – roll-on/roll-off  Transport by inland waterways |

|  |  |
| --- | --- |
| Name of the port(s) concerned: |  |
| Number of the quay concerned: |  |
| Name(s) of the handler(s) concerned: |  |
| Company numberc of thehandler(s): |  |
| Recognition or licence number of the handler(s): |  |

* + 1. Organisation/individual representing the shipping company in the above-mentioned port:

|  |  |  |
| --- | --- | --- |
| Name of the shipping representativea: |  | |
| Company numberb: |  |  |
| Contact persona: | Namea: |  |
|  | Function: |  |
|  | Phonea: |  |
|  | Mobile: |  |
|  | E-maila: |  |

* 1. **Multimodal transport**

|  |
| --- |
| The applicant hereby declares to ensure that the Class 7 dangerous goods he is entering on Belgian territory will continue their way. |

1. **Transport interruption**

|  |
| --- |
| The applicant hereby declares that this transport operation may be interrupted for a maximum duration of 72 hours. |
| The applicant hereby declares that this transport operation may be interrupted for more than 72 hours, but less than 15 days. |
| The applicant hereby declares that they intend to interrupt this transport at the following address: |
| The applicant hereby declares that storage in transit in the port is foreseen for this transport operation. |
| The applicant hereby declares that storage in transit in the airport is foreseen for this transport operation. |
| The applicant hereby declares that no transport interruptions are foreseen for this transport operation. |

1. **Description of Class 7 dangerous goods**
2. Description of packages

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UN Number** | **Isotope** | **Physical form** | **Chemical form** | **Form** | **Max TI/package**  **Max CSI/package** | **Max activity/ package** | **Package type** | **Package approval certificate**  **Certificate for special form** | **Number of packages/vehicle** |
|  |  | Solid  Liquid  Gas |  | Special form  Other form | TI:  CSI: |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UN Number** | **Isotope** | **Physical form** | **Chemical form** | **Form** | **Max TI/package**  **Max CSI/package** | **Max activity/ package** | **Package type** | **Package approval certificate**  **Certificate for special form** | **Number of packages/vehicle** |
|  |  | Solid  Liquid  Gas |  | Special form  Other form | TI:  CSI: |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UN Number** | **Isotope** | **Physical form** | **Chemical form** | **Form** | **Max TI/package**  **Max CSI/package** | **Max activity/ package** | **Package type** | **Package approval certificate**  **Certificate for special form** | **Number of packages/vehicle** |
|  |  | Solid  Liquid  Gas |  | Special form  Other form | TI:  CSI: |  |  |  |  |

A **copy** of the following document is attached:

**Attachment 6:** Approval certificate for radioactive material in special form or for the package design (if applicable and if the Agency did not issue the certificate).

1. Description of the load

|  |  |
| --- | --- |
| Maximum activity per vehicle: |  |
| Maximum TI per vehicle: |  |
| Maximum CSI per vehicle: |  |
| Total number of packages per vehicle: |  |
| Maximum number of vehicles per transport: |  |
| Maximum number of 20’ or 40’ containers per transportb: |  |
| Maximum number of packages per 20’ or 40’ containerb: |  |

|  |  |
| --- | --- |
| **Fissile material**b | |
| Uranium enrichment (%)b: |  |
| Plutonium compositionb: |  |
| Mass of fissile material per packageb: |  |
| Total mass of fissile material for this transportb: |  |

|  |
| --- |
| Additional useful information concerning the load: |

1. **DESCRIPTION OF DOCUMENTS**
2. **Management system**

The applicant hereby declares that they have a management system as required in:

Chapter 1.7.3 of the ADR.

Chapter 1.6.3 of the ICAO technical instructions and Chapter 10.0.3 of the IATA Regulation.

Chapter 1.5.3 of the IMDG Code.

Chapter 1.7.3 of the RID.

Chapter 1.7.3 of the ADN.

Reference:       - date:

The management system is certified under:

1. **Radiation protection**

The applicant hereby declares:

that a preliminary dose assessment is (or will be) carried out to guarantee safety and radiation protection during the transport operation. This dose assessment is (or will be) approved by the recognised health physics expert.

that the recognised health physics expert will be present during the transport operation to arrange appropriate measures to ensure that safety and radiation protection are guaranteed, and that the recognised health physics expert will submit his/her report to the Agency within 10 days after the transport operation.

A **copy** of the following document is attached:

**Attachment 7:** Preliminary dose assessment approved by the recognised health physics expert.

1. **Security**

The applicant hereby declares that they comply with the security conditions relating to transport of Class 7 dangerous goods as required in:

Chapter 1.10 of the ADR.

Chapter 1.5.1 of the ICAO technical instructions and Chapter 1.7 of the IATA Regulation.

Chapter 1.4 of the IMDG Code.

Chapter 1.10 of the RID.

Chapter 1.10 of the ADN.

The applicant hereby declares that **no** transport Class 7 high consequence dangerous goods will take place.

The applicant hereby declares that the transport Class 7 high consequence dangerous goods will take place and that they have a security plan for this transports

The applicant hereby declares that they comply with the requirements relating the security of transport of nuclear material.

A **copy** of the following document is attached:

**Attachment 8:** Security plan for the transport of Class 7 high consequence dangerous goods (if not already submitted to the Agency).

1. **Emergency plan**

The applicant hereby declares that they are in possession of an internal emergency plan relating to transport of Class 7 dangerous goods.

The applicant hereby declares that they are acquainted with the Agency’s recommendations regarding incidents and accidents during the transport of Class 7 dangerous goods.

The applicant hereby declares that they have taken these recommendations into account when drawing up the emergency plan.

A **copy** of the following document is attached:

**Attachment 9:** Emergency plan for this transport of Class 7 dangerous goods.

1. **Insurance**

The applicant hereby declares that they have civil liability insurance to cover transport of Class 7 dangerous goods (do not attach a copy).

**SECTION III: ATTACHMENTS**

**THE FOLLOWING DOCUMENTS SHALL FORM PART OF THE APPLICATION FOR A LICENCE FOR A SINGLE TRANSPORT OPERATION INVOLVING CLASS 7 DANGEROUS GOODS:**

1. **General:**

**Attachment 1:** Founding Statutes of the company.

**Attachment 2:** Legal representative’s mandate.

**Attachment 3:** Company organisation chart.

**Attachment 4:** Organisation chart showing the position of the Head of the Health Physics Department (HPD) in the organisation structure.

**Attachment 5:** Designation of the Class 7 safety advisor.

**Attachment 5A:** Training certificate for the Class 7 safety advisor, if issued by another EU Member State or another state that has ratified the ADR, RID or ADN regulations.

**Attachment 6:** Approval certificate for radioactive material in special form or for the package design.

**Attachment 7:** Preliminary dose assessment approved by the recognised health physics expert.

**Attachment 8:** Security plan for the transport of Class 7 high consequence dangerous goods (if not already submitted to the Agency).

**Attachment 9:** Emergency plan for this transport of Class 7 dangerous goods.

1. **Additional documents**

**Attachment 10:**

**Attachment 11:**

**Attachment 12:**

**Attachment 13:**

The Agency may, if necessary, request documents that do not form part of the application.

**SECTION IV: SIGNATURES**

1. **LEGAL REPRESENTATIVE**

|  |  |
| --- | --- |
| The legal representative hereby declares that he/she has:   * completed the application form truthfully, to the best of his/her knowledge, and that he/she is aware that filling in the form incorrectly or incompletely may result in the application for licence being declared incomplete and/or cancelled; * organised a health physics department. | Name, date and signature, preceded by the handwritten statement “Read and approved”  ………………………………………………………………….….  **Date:**  **Name:**  **Signature:** |

1. **HEAD OF THE HEALTH PHYSICS DEPARTMENT**

|  |  |
| --- | --- |
| The Head of the Health Physics Department hereby declares that he/she has checked the application form to ensure that it is accurate and complete. | Name, date and signature, preceded by the handwritten statement “Read and approved”  ……………………………………………………………………..  **Date:**  **Name:**  **Signature:** |

1. **RECOGNISED HEALTH PHYSICS EXPERT**

|  |  |
| --- | --- |
| The recognised health physics expert hereby declares that he/she:   * has checked the application form to ensure that it is accurate and complete; * ensures the health physics controls specified in Art. 23.2.6.b) of the General Regulation for the applicant. | Name, date and signature, preceded by the handwritten statement “Read and approved”  ………………………………………………………………….….  **Date:**  **Name:**  **Signature:** |

**ATTACHMENT 5: DESIGNATIONFORM FOR A CLASS 7 SAFETY ADVISOR**

|  |  |
| --- | --- |
| Company for which the Class 7 safety advisor has been appointed (name, legal status, address, Phone, fax, e-mail, company number) |  |
| Full name, nationality, address, date of birth of the Class 7 safety advisor employed in your company. |  |
| Place(s) where the safety advisor will carry out their activities on behalf of your company. |  |
| Type of legal relationship between the Class 7 safety advisor and the company. |  |

|  |  |  |
| --- | --- | --- |
| Name, Function: | Date: | Signature of the responsible person: |
| Phone.:  E-mail: |  |  |

A **copy** of the following document is attached:

**Attachment 5A:** Training certificate for the Class 7 safety advisor, if issued by another EU Member State or another state that has ratified the ADR, RID or ADN regulations.