

Application form to obtain recognition as an **organisation involved in multimodal transport** of Class 7 dangerous goods

(handler, ramp agent)

Additional instructions 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 03/07/2019.
* 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.
* Meaning of the footnotes in the form:

a: Mandatory fields.

b: 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.

c: Should only be completed by:

* Belgian companies if the information differs from the information shown in the BCE;
* foreign companies.
* The application reference, 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. **IDENTIFICATION OF THE COMPANY AND REPRESENTATIVES**
   1. **Head office**

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

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

* 1. **Invoicing information**

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

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

|  |  |
| --- | --- |
| Name of the Head of the Health Physics Department: |  |
| Name of the recognised health physics expert or name of the recognised health physics organisationa: |  |
| Addressa: |  |
|  |  |
| Phonea: |  |
| Mobile: |  |
| E-maila: |  |

All recognised health physics organisations for the transport of Class 7 dangerous goods are listed on the Agency’s website: www.fanc.fgov.be.

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

**Attachment 4A:** Description of the organisation of the health physics department (HPD).

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

* 1. **Radiation protection officer(s) (RPO)**

|  |  |
| --- | --- |
| Namea: |  |
| Phonea: |  |
| Mobile: |  |
| E-maila: |  |
| If there are several officers with this title, please list them all in Attachment 4A. | |
| Back-up name: |  |
| Back-up tel. Number: |  |
| Back-up mobile Number: |  |
| Back-up e-mail: |  |

* 1. **Class 7 safety advisor** (only to be completed for the parties involved (carriers, loading and unloading sites) for the following modes of transport: **road,** **rail** and **inland waterways**)

|  |  |
| --- | --- |
| Namea: |  |
| Addressa: |  |
|  |  |
| Name of external organisation (if applicable): |  |
| 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.

1. **TYPE OF APPLICATION**
   1. **Type of recognition**

New recognition

Extension – Previous recognition reference:

Modification – Previous recognition reference:

The following amendments apply:

Company information.

Involved Persons (radiation protection officer, recognised health physics expert, etc.)  In the health physics department organisation.

Nature of Class 7 dangerous goods.

Type of handling operations.

Location (terminal, Quay, terminal warehouse, etc.).

Radiation protection programme.

Subcontractor.

Other, please specify:

* 1. **Type of recognition**

Airport Handler.

Port handler.

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

The applicant hereby declares that their management system is based on international, national or other standards that are acceptable to the competent authority.

The applicant hereby declares that they have a management system in accordance with the modal regulations for transport of dangerous goods.

Reference:       - date:

The management system is certified under:

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

**Attachment 6:** Description of the management system (e.g. quality manual or equivalent).

**Attachment 7:** List of procedures and operating instructions relating to the handling of Class 7 dangerous goods.

**Attachment 8:** Description of how non-conformities relating to the handling of Class 7 dangerous goods are processed and monitored.

1. **Radiation protection programme**

The applicant hereby declares that they have a radiation protection programme for handling Class 7 dangerous goods in accordance with the modal regulations for the transport dangerous goods.

The applicant hereby declares that they are in possession of a risk analysis and workplace analysis for the purpose of assessing the dose received by the personnel present during the Class 7 dangerous goods handling operations.

The applicant hereby declares that they will apply the measures resulting from this risk and workplace analysis during the handling operations.

|  |  |
| --- | --- |
| Radiation protection programme (RPP) reference: |  |
| RPP revision number: |  |
| Date of the RPP: |  |
| Name of the author of the RPP: |  |
| Name of recognised health physics expert who approved the RPP: |  |
| Date on which the RPP was approved by the recognised health physics expert: |  |

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

**Attachment 9:** Radiation protection programme approved by the recognised health physics expert.

**Attachment 10:** Risk analysis and workplace analysis as specified in the RD on Transport, unless these are included in the radiation protection programme.

1. **Security**

The applicant hereby declares that they comply with the security requirements relating to the handling of Class 7 dangerous goods as specified in the regulations that apply to the transport of Class 7 dangerous goods.

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

The applicant hereby declares that Class 7 high consequence dangerous goods may be handled and that they have a security plan for these handling operations.

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

|  |
| --- |
| A **copy** of the following document is attached:  **Attachment 11:** Security plan for the handling of Class 7high consequence dangerous goods (if not already with the Agency). |

1. **Emergency plan**

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

The applicant hereby declares that they are acquainted with the Agency’s recommendations regarding incidents and accidents during 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 12:** Emergency plan for the handling of Class 7 dangerous goods.

1. **Subcontracting**

The applicant hereby declares that they intend to use subcontractors and attach a duly completed and signed form for each subcontractor in Attachment 13.

Number of subcontractors:

Not applicable

A **copy** of the following documents shall be attached **for each subcontractor**:

**Attachment 13A:** Founding Statutes of the company for each subcontractor.

**Attachment 13B:** Mandate for each subcontractor’s legal representative.

And if applicable:

**Attachment 13C:** Radiation protection programme approved by the subcontractor’s recognised health physics expert.

**Attachment 13D:** Designation of the subcontractor’s Class 7 safety advisor.

**Attachment 13E:** Training certificate for the subcontractor’s Class 7 safety advisor, if issued by another EU Member State or another state that has ratified the ADR, RID or ADN regulations.

1. **Recognised carriers**

The applicant hereby declares that they will ensure that Class 7 dangerous goods are only entrusted to a recognised carrier.

1. **Insurance**

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

**SECTION II: SPECIFIC INFORMATION**

[SECTION II – 1: airport handler](#agentdepiste)

[SECTION II – 2: port handler](#manutentionnaire)

1. **AIRPORT HANDLER**
2. **Activities**

The application relates to the following activities:

Warehousing.

Physical transport between the aircraft and the terminal warehouse.

Aircraft loading and unloading.

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

**Attachment 14:** Description of the activities relating to Class 7 dangerous goods handling operations (purpose/reason for handling and transport operations, aircraft loading and unloading, equipment used, etc.).

|  |  |
| --- | --- |
| Estimate of the number of persons involved in the Class 7 dangerous goods handling operations. |  |

1. **Airport**

The application relates to the following airport:

Brussels Airport.

Liège Airport.

Other, please specify:

1. **storage in transit**

The applicant hereby declares that they intend to carry out storage in transit of Class 7 dangerous goods.

The applicant hereby confirms that the goods will remain in storage for a maximum duration of 24 hours.

The applicant hereby declares that they have taken the storage in transit into account when drawing up the management system, workplace analysis, risk analysis and radiation protection programme.

Not applicable.

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

**Attachment 15:** Plan showing the location of storage in transit in the terminal warehouse.

1. **Airlines**

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

**Attachment 16:** Overview of airlines and handling activities carried out for these airlines.

1. **PORT HANDLER**
2. **Type of activities**

The application relates to the following activities:

Ship loading.

Ship unloading.

Keeping on board.

Roll-on/roll-off.

Other, please specify:

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

**Attachment 14:** Description of the activities relating to Class 7 dangerous goods handling operations (purpose/reason for handling and transport operations, ship loading and unloading, equipment used, etc.)

1. **Port**

|  |  |
| --- | --- |
| The activities will be carried out in the following port: | Antwerp  Zeebrugge  Ghent  Other, please specify: |
| The activities will be carried out at the following terminals/quays: | Terminal:  Quay:  -> ISPS certified?  Yes/ No |
|  | Terminal:  Quay:  -> ISPS certified?  Yes / No |
|  | Terminal:  Quay:  -> ISPS certified?  Yes / No |
|  | Terminal:  Wharf:  -> ISPS certified?  Yes / No |
|  | Terminal:  Quay:  -> ISPS certified?  Yes / No |

1. **storage in transit**

The applicant hereby declares that they intend to carry out storage in transit of Class 7 dangerous goods.

The applicant hereby confirms that the goods will remain in storage in transit for a maximum duration of 8 hours.

The applicant hereby confirms that an “prolonged stay on quay ” will be requested if storage in transit is likely to exceed 8 hours.

The applicant hereby confirms that the goods will remain in storage in transit for a maximum duration of 48 hours.

The applicant hereby declares that they have taken storage in transit into account when drawing up the management system, workplace analysis, risk analysis and radiation protection programme.

Not applicable.

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

**Attachment 15:** Description of the location where Class 7 dangerous goods will be placed for the storage in transit at the terminal including a plan showing this location.

1. **Shipping lines**

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

**Attachment 16:** Overview of shipping lines and the activities carried out for these shipping lines.

**SECTION III: ATTACHMENTS**

**THE FOLLOWING DOCUMENTS SHALL FORM PART OF THE RECOGNITION APPLICATION:**

**Please tick the attachments enclosed:**

1. **General:**

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

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

**Attachment 3:** Company organisation chart.

**Attachment 4A:** Description of the organisation of the health physics department (HPD).

**Attachment 4B:** Organisation chart showing the position of the head of the 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:** Description of the management system (e.g. quality manual or equivalent).

**Attachment 7:** List of procedures and operating instructions relating to the handling of Class 7 dangerous goods.

**Attachment 8:** Description of how non-conformities relating to the handling of Class 7 dangerous goods are processed and monitored.

**Attachment 9:** Radiation protection programme approved by the recognised health physics expert.

**Attachment 10:** Risk analysis and workplace analysis approved by the recognised health physics expert.

**Attachment 11:** Security plan for the handling of Class 7 high consequence dangerous goods (if applicable and if not already submitted to the Agency).

**Attachment 12:** Emergency plan for the handling of Class 7 dangerous goods.

**Attachment 13A:** Founding Statutes of the company for each subcontractor.

**Attachment 13B:** Mandate for each subcontractor’s legal representative.

**Attachment 13C:** Radiation protection programme approved by the subcontractor’s recognised health physics expert.

**Attachment 13D:** Designation of the subcontractor’s Class 7 safety advisor.

**Attachment 13E**: Training certificate for the subcontractor’s Class 7 safety advisor, if issued by another EU Member State or another state that has ratified the ADR, RID or ADN regulations.

**Attachment 14:** Description of the activities relating to Class 7 dangerous goods handling operations.

**Attachment 15:** Planshowing the location in the storage in transit building in the terminal warehouse.

OR

**Attachment 15:** Description of the location where Class 7 dangerous goods will be placed in storage in transit at the terminal including a plan showing this location.

**Attachment 16:** Overview of the shipping lines/airlines and the activities carried out on behalf of these shipping lines/airlines.

1. **Additional documents:**

**Attachment 17:**

**Attachment 18:**

**Attachment 19:**

**Attachment 20:**

**Attachment 21:**

If necessary, the Agency may request documents that do not form part of the recognition 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 recognition application 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; * manages the health physics department as specified in Art. 23.2.2 of the General Regulation. | 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: DESIGNATION OF THE 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 consultant 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: |
| Tel.:  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.

**ATTACHMENT 13: SUBCONTRACTING** (if applicable)

If these operations are subcontracted, please add a copy of this attachment to your application **for each subcontractor**.

**Subcontractor information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Namea: |  | | | | |
| Company numberab: |  | | | | |
| Addressac: |  | | | | |
| Phone (general)a: |  | | | | |
| E-mail (general)a: |  | | | | |
| Website: |  | | | | |
|  | | | | | |
| Legal representative: | Namea: |  | | | |
|  | Functiona: |  | | | |
|  | Phonea: |  | | | |
|  | Mobile: |  | | | |
|  | E-maila: |  | | | |
|  | | | | | |
| Contact (if different): | Name: |  | | | |
|  | Function: |  | | | |
|  | Phone: |  | | | |
|  | Mobile: |  | | | |
|  | E-mail: |  | | | |

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

**Attachment 13A:** Founding Statutes of the company for the subcontractor.

**Attachment 13B:** Mandate for the subcontractor’s legal representative.

**Type of operations that the subcontractor may perform:**

Airport

Warehousing.

Physical transport between the aircraft and the terminal warehouse.

Aircraft loading and unloading.

Other, please specify:

Port

Terminal operator.

Other, please specify:

**ATTACHMENT 13: SUBCONTRACTING (cont.)**

**The applicant and the subcontractora**

hereby confirm that a contract has been signed between both parties in relation to subcontracting the above mentioned handling operations;

hereby confirm that they will notify the Agency if their subcontracting contract is cancelled.

**The applicanta**

hereby declares that they will ensure that the subcontractor observes the legal requirements;

hereby confirm that they have notified the recognised health physics expert that this subcontractor is carrying out the handling operations.

**The subcontractor**

*Management system – radiation protection programme (please tick one of the options below):*

hereby confirms that they are acquainted with of the applicant’s radiation protection programme and management system for the handling Class 7 dangerous goods and will apply them accordingly;

hereby confirms that they will use their own radiation protection programme and management system to carry out Class 7 dangerous goods handling operations and provides, as an attachment, the radiation protection programme, as approved by their own recognised health physics expert (if not already submitted to the Agency beforehand).

*Emergency procedure – warning system:*

hereby confirms that they are acquainted with of the applicant’s emergency procedure and warning system for the handling Class 7 dangerous goods and will apply them accordingly.

*Generala*

hereby confirms that they have a Class 7 safety advisor and will attach the designation of this safety advisor and his/her training certificate (if not yet submitted to the Agency);

hereby confirms that they will not subcontract the handling operations to be subcontracted to them by the applicant;

hereby confirms that the personnel in question will be made acquainted with the contents of the radiation protection programme, management system and emergency procedure insofar as they relate to their responsibilities.

A **copy** of the following documents shall be attached for each subcontractor and if applicable:

**Attachment 13C:** Radiation protection programme approved by the subcontractor’s recognised health physics expert.

**Attachment 13D:** Designation of the subcontractor’s Class 7 safety advisor.

**Attachment 13E:** Training certificate for the subcontractor’s Class 7 safety advisor, if issued by another EU Member State or another state that has ratified the ADR, RID or ADN regulations.

**SIGNATURE OF THE APPLICANT’S LEGAL REPRESENTATIVE**

|  |  |
| --- | --- |
| The legal representative hereby declares that he/she has completed this attachment 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 recognition being declared incomplete and/or cancelled. | Name, date and signature, preceded by the handwritten statement “Read and approved”  ………………………………………………………………….  **Date:**  **Name:**  **Signature:** |

**SIGNATURE OF THE SUBCONTRACTOR’S LEGAL REPRESENTATIVE**

|  |  |
| --- | --- |
| The legal representative hereby declares that he/she has completed this attachment 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 recognition being declared incomplete and/or cancelled. | Name, date and signature, preceded by the handwritten statement “Read and approved”  …………………………………………………………………….  **Date:**  **Name:**  **Signature:** |

**SIGNATURE OF THE RECOGNISED HEALTH PHYSICS EXPERT**

|  |  |
| --- | --- |
| The recognised health physics expert hereby declares that he/she:   * has checked this attachment 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 handling operations carried out by this subcontractor. | Name, date and signature, preceded by the handwritten statement “Read and approved”  ……………………………………………………………………….  **Date:**  **Name:**  **Signature:** |