



**APPLICATION TO CARRY CLASS 7 DANGEROUS GOODS
(RADIOACTIVE MATERIAL)**

- Note: (1) This form applies to all requests to carry Class 7 (Radioactive Material) dangerous goods. If there is insufficient space to list all items, they can be listed on separate sheet.
- (2) Application for permission should be made at least 05 working days before the date of the flight on which the class 7 radioactive material is to be carried.
- (3) The applicant should pay the applicable processing fees as per the Civil Aviation Regulations at the time of application.
- (4) This application will not be processed until the applicable charges have been received.

1. APPLICANT DETAILS

Name:	
Company:	
Address:	
Telephone:	
Fax:	
Email:	
RSNSA permit No:	
Validity of Permit:	

2. FLIGHT DETAILS

Operator:	
Date of Flight:	
Flight No:	
Airport of departure:	
Airport of destination:	
Other Airport (Technical stops):	
AWB No(s): <i>(in case of more than two Awb Numbers, please list all in the row)</i>	
Shipper:	Consignee:



3. CLASS 7 RADIOACTIVE MATERIAL

Quantity	Description of the Material	Purpose of Import

4. DETAILS OF RADIATION SOURCE

Item No	Item Description	HS Code	HS Description	Country of Origin	Total Quantity	Radiation Source

Specific loading point at departure airport:

Specific unloading point at destination airport:

Commercial Names of Items and Quantity:
(As per commercial documents (provided to Airline))

Please use additional sheet if necessary.



I DECLARE

(I) that I have understood and fully comply with the provisions of Annex 18 to the Convention on International Civil Aviation, the current edition of the International Civil Aviation Organisation (ICAO) Technical Instructions for The Safe Transport of Dangerous Goods by Air;

(II) that the radioactive materials to be carried on board the aircraft are not forbidden by ICAO for transport by air; and

(III) that the airline/company will pay the applicable processing fees as per the Civil Aviation Regulations.

On Behalf of Applicant:

Name:

Organisation:

Signature:

Date:

For DCA use only		
Date of review of the application and supporting documents for evaluation of eligibility		
Status of application	Approved	Rejected
Reference of approval issued		
Name of DCA Officer		
Signature		