



NIGERIAN NUCLEAR REGULATORY AUTHORITY

Plot 564/565 Independence Avenue, Central Business District

P. M. B. 559, Garki, Abuja

Tel: +2349010002505 e-mail: authorization@nnra.gov.ng Website: www.nnra.gov.ng

NNRA/AUT/020B

APPLICATION FOR AUTHORIZATION FORM – INDUSTRIAL APPLICATIONS

Complete the Application form and Table(s) –overleaf where applicable

1. Name and Business Address of Applicant (the Legal Person)

CAC No.:

Tax Identification No:

Tel. Nos.:

E-mails:

2. Type of Application :

New Authorization []

Renewal of existing Authorization (No. _____)

Amendment of existing Authorization (No. _____)

3. Authorization Year Applied for

4. Purpose(s) for which the radiation source (s) is/are to be used

5. Address of Premises where the radiation sources will be used and/or stored ²

6. Name, Qualification and Phone No. of the Radiation Safety Officer

7. Name of the Radiation Safety Adviser

8. Name of the Dosimetry Service Provider

SIGNATURE OF THE APPLICANT (The Legal Person) _____

NAME and POSITION _____ Date _____

¹Revised Application Form 2026

List and Description of Drilling Well(s)/Site(s)

S/NO.	FIELD	WELL NAME	LOCATION ²	SURFACE COORDINATES	
				LONGITUDE / EASTING (m) E	LATITUDE / NORTHING (m) N

² **Location:** **Community**, Local Government Area, State, Offshore (e.g. Offshore Lagos etc.)

SIGNATURE OF THE APPLICANT (The Legal Person) _____ NAME _____ Date _____

List and Description of Drilling Rig(s)

S/NO.	NAME OF RIG	CALL SIGN/OFFICIAL NO. /IMO NO.	TYPE OF RIG

SIGNATURE OF THE APPLICANT (The Legal Person)_____NAME_____Date_____

List and Description of X-ray Baggage Scanner(s) / Positive Material Identifier (PMI)

S/NO.	EQUIPMENT TYPE	MODEL	SERIAL NO.	VOLTAGE RATING	CURRENT RATING	MANUFACTURER/YEAR

SIGNATURE OF THE APPLICANT (The Legal Person) _____NAME_____Date_____

List and Description of Radioactive Sources (Industrial Radiography, Well Logging, Nuclear Gauging, etc)

S/NO.	ISOTOPE	SOURCE S/NO. / PIGTAIL NO.	MODEL	INITIAL ACTIVITY	ACTIVITY DATE	MANUFACTURER	SUPPLIER

SIGNATURE OF THE APPLICANT (The Legal Person) _____NAME_____Date_____