



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/-020C

APPLICATION FOR AUTHORIZATION FORM – **MEDICAL 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

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 _____

¹ Revised Application Form 2026

List and Description of Diagnostic Radiology Equipment

S/NO	EQUIPMENT TYPE	MODEL		SERIAL NO.		MAX. kVp/	MAX. mAs/	MANUFACTURER/YEAR
		EQUIPMENT	TUBE	EQUIPMENT	TUBE			

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

List and Description of Linear Accelerator (LINAC)

S/NO	EQUIPMENT TYPE	MODEL		SERIAL NO.		Photons Energies (MV)	Electron Energies (MeV)	MANUFACTURER/YEAR
		EQUIPMENT	TUBE	EQUIPMENT	TUBE			

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

List and Description of Teletherapy/Brachytherapy/Nuclear Medicine Radioactive Source

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

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

List and Description of Teletherapy/Brachytherapy/Nuclear Medicine Equipment

S/NO	EQUIPMENT TYPE	MODEL		SERIAL NO.		Photons Energies (MV)	Electron Energies (MeV)	MANUFACTURER/YEAR
		EQUIPMENT	TUBE	EQUIPMENT	TUBE			

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