



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/-020D

APPLICATION FOR AUTHORIZATION FORM – SERVICE PROVIDERS

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. Nature of business/ Service Provided (e.g. Radiation Safety Advisory, Dosimetry / Engineering Service Provider, Sales and Supply etc)

5. Address of Premises where the radiation sources will be used and/or stored (if applicable)

6. Name, Qualification and Phone No of the Radiation Safety Officer (if applicable)

7. Name of the Radiation Safety Adviser (if applicable)

8. Name of the Dosimetry Service Provider (if applicable)

SIGNATURE OF THE APPLICANT (The Legal Person) _____

NAME and POSITION _____ Date _____

Inventory of Equipment

S/NO.	EQUIPMENT TYPE	SERIAL NUMBER	MODEL	CALIBRATION DATE	MANUFACTURER

SIGNATURE OF THE APPLICANT (The Legal Person) _____NAME_____Date_____