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/-020F

APPLICATION FOR AUTHORIZATION FORM – RESEARCH REACTOR

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

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

CAC No.:
Tax Identification No:
Tel. No.:
E-mails:

2. Type of Application : New Authorization [ ]
Amendment of existing Authorization (No._____)
Renewal of existing Authorization (No._____)

3. Authorization year being applied for

4. Type of License being applied (e.g. Reactor Operator, Reactor Operation)

5. Address of Reactor Facility

6. Name, Qualification and Phone No. of the RSO (if applicable)

7. Name, Qualification and Phone No of the Reactor Manager (if applicable)

8. Name, Qualification and Phone No. of the Chairman of the Reactor Safety and Security Committee or Head of Reactor Advisory Group(s)

SIGNATURE OF THE APPLICANT (The Legal Person)_____

NAME and POSITION_____Date_____

[1]*Revised Application Form 2026*

Description of the Reactor

REACTOR NAME	TYPE	NOMINAL POWER	FLUX	REACTOR DESIGNER	COMMISSIONING DATE

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

Description of the Reactor Operators

S/NO	OPERATOR NAME	CURRENT CLASS	CURRENT RENEWAL	CLASS APPLIED FOR	RENEWAL APPLIED FOR

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