

# Application for an environmental permit for a radioactive substances activity Part RSR-A – About you and your premises



## Please read through this part of the form and the Part RSR-A guidance notes before you fill it in.

It will take about two hours to fill in this form.

Fill in this part of the form for all applications relating to a radioactive substances activity.

Please keep a copy of this part of the form once you have filled it in for the first time. You will be able to reuse it if you need to apply for a variation or another radioactive substances activity permit.

If you are reusing this part of the form, please highlight any changes you have made to the information you provided previously. You do not need to resubmit any documents (questions 9c, 12, 13) unless something has changed.

For a transfer application, this part of the form should be filled in by the person the permit will be transferred to.

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## 1 Site reference number

Fill in your site reference number if you know it.

Site reference number

\_\_\_\_\_

## 2 About you

Are you applying as:

an individual

Now go to section 3

an organisation of individuals (for example, a partnership)

Now go to section 4

a registered company or limited liability partnership

Now go to section 5

a public body or other corporate body

Now go to section 6

## 3 Applications from an individual

3a Please give us the following details

Title (Mr, Mrs, Miss and so on) \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Now go to section 7.

## 4 Applications from an organisation of individuals

4a Type of organisation (for example, partnership)

\_\_\_\_\_

## 4 Applications from an organisation of individuals, continued

4b Details of the organisation

Please give the details of the main representative of the organisation below. Provide details of the other members on a separate sheet and tell us the document reference you have given this sheet.

Document reference

\_\_\_\_\_

Title (Mr, Mrs, Miss and so on) \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Now go to section 7.

## 5 Applications from companies or limited liability partnerships (LLPs)

5a Name of the company or LLP

\_\_\_\_\_

5b Company/LLP registration number

\_\_\_\_\_

Now go to section 7.

## 6 Applications from public or other corporate bodies

6a Type of organisation (for example, NHS trust, university)

\_\_\_\_\_

6b Name of the organisation

\_\_\_\_\_

## 6 Applications from public or other corporate bodies, continued

6c Position of the person who acts as the secretary or clerk of the organisation

\_\_\_\_\_

## 7 Your address

7a Your main (registered office) business address  
For companies or LLPs this is the address on record at Companies House.

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Contact numbers, including the area code

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

7b Main UK business address if different from above

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Contact numbers, including the area code

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Position of most senior person at this address

\_\_\_\_\_

## 8 Contact details

### 8a Who can we contact about this application?

Title (Mr, Mrs, Miss and so on) \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

## 8 Contact details, continued

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Contact numbers, including the area code

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

### 8b Who can we contact about your radioactive substances activity?

Title (Mr, Mrs, Miss and so on) \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Contact numbers, including the area code

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

### 8c Who can we contact about your billing/invoice?

Title (Mr, Mrs, Miss and so on) \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

## 8 Contact details, continued

Contact numbers, including the area code

Phone

Mobile

Email

## 9 About the premises

### 9a What is the name and address of the premises where you intend to carry out a radioactive substances activity?

If you only keep and use mobile radioactive apparatus, give details of the premises where that apparatus is normally kept when not in use.

Name

Address

Postcode

National grid reference for the premises  
For example, ST 12345 67890

### 9b Is a nuclear site licence under section 1 of the Nuclear Installations Act 1965 needed for the premises?

No

Yes  What is your status?

Licensee (or potential licensee)

Tenant

### 9c Please provide a plan of the site, marking the site boundary in green

This is not required if you only keep and use mobile radioactive apparatus.

Document reference

## 10 Consultation

### 10a Which local authority area are the premises in?

Give the name of your district council, borough council, city council, metropolitan district council, London borough or other unitary authority, as appropriate.

### 10b Who is the sewerage undertaker for the premises?

You do not need to answer this if you only need a standard rules permit, or your premises are on a nuclear licensed site and you do not discharge radioactive waste to public sewer.

Name

## 11 Justification status

### 11a Does your work with radioactive materials and/or radioactive waste relate to:

11a.1 An existing practice, or work that is not subject to the requirement for justification?

No

Yes  Go to question 11b

## 11 Justification status, continued

11a.2 A new practice that the Justifying Authority has determined to be justified?

No

Yes  Give date and reference number of decision  
(DD/MM/YYYY), then go to section 12

\_\_\_\_\_

Document reference

\_\_\_\_\_

11a.3 A practice that is currently being considered by the Justifying Authority?

No

Yes  Give date and reference number of application  
(DD/MM/YYYY), then go to section 12

\_\_\_\_\_

Document reference

\_\_\_\_\_

## 11b Nature of practice or work

11b.1 Tell us the number and purpose of the practice which applies to your work with radioactive material and/or radioactive waste

See the Government guidance. If there is more than one practice that applies to you, give the information for each one.

Number	Purpose

11b.2 If your work is not listed in the Government guidance, tick the appropriate box to show if it involves any of the following:

You use NORM (substances that are naturally radioactive)  
as a chemical in a laboratory

You create NORM as a result of producing gas and oil

You use NORM for some other reason

The Ministry of Defence (MOD) or the armed forces use  
radioactive substances on the premises

A contractor to the MOD uses radioactive substances for  
military purposes

Other

Please give details below

## 11c Associated activities

Tick the appropriate boxes to show which activities associated with the practice(s) are carried out on your premises

Research and development

Manufacturing products

Carrying out repairs

Carrying out maintenance

Supplying radioactive substances

Assembling items that include radioactive substances

Handling radioactive substances

Testing radioactive substances for quality standards

### 11c Associated activities, continued

- Storing radioactive substances
- Using radioactive substances
- Disposing of waste
- Other  Please give details below

### 12 Your ability as an operator – management systems

You do not need to answer this if you only need a standard rules permit or are applying to surrender your permit.

Provide a summary of your management system or, if you are a nuclear site licensee, provide your management prospectus.

Document reference or references

Is your management system accredited?

No

Yes  Under what scheme or standard?

### 13 Existing site contamination

Tell us about any existing contamination on the premises, if appropriate (see guidance)

Document reference

Now go to

- Part RSR-B1 if you are applying for a standard rules permit for category 5 sealed sources.
- Part RSR-B2 if you are applying for a bespoke permit to carry out a radioactive substances activity involving sealed sources (including waste sealed sources).
- Part RSR-B3 if you are applying for a permit to carry out a radioactive substances activity, on a nuclear site, involving radioactive material (open sources) and/or radioactive waste. (Part RSR-B5 may also be necessary.)
- Part RSR-B4 if you are applying for a permit to carry out a radioactive substances activity, not on a nuclear site, involving radioactive material (open sources) and/or radioactive waste. (Part RSR-B5 may also be necessary.)
- Part RSR-B5 if you are applying for a permit to carry out a radioactive substances activity involving on-site disposal of solid radioactive waste in an engineered disposal facility.
- Part RSR-B6 if you are applying for a standard rules permit relating to radioactive waste from the production of oil and gas.
- Part RSR-C2 if you are applying to vary a permit for a radioactive substances activity involving sealed sources (including waste sealed sources).
- Part RSR-C3 if you are applying to vary a permit for a radioactive substances activity, on a nuclear site, involving radioactive material (open sources) and/or radioactive waste.
- Part RSR-C4 if you are applying to vary a permit for a radioactive substances activity, not on a nuclear site, involving radioactive material (open sources) and/or radioactive waste.
- Part RSR-C5 if you are applying to vary the conditions of a permit relating to on-site disposal of solid radioactive waste in an engineered disposal facility.
- Part RSR-D2 if you are applying to transfer a permit for a radioactive substances activity involving sealed sources (including waste sealed sources).
- Part RSR-D3 if you are applying to transfer a permit for a radioactive substances activity involving radioactive material (open sources) and/or radioactive waste (including on-site disposal of radioactive waste).
- Part RSR-E2 if you are applying to surrender a permit for a radioactive substances activity involving sealed sources (including waste sealed sources).
- Part RSR-E3 if you are applying to surrender a permit for a radioactive substances activity, on a nuclear site, involving radioactive material (open sources) and/or radioactive waste (including on-site disposal of radioactive waste).
- Part RSR-E4 if you are applying to surrender a permit for a radioactive substances activity, not on a nuclear site, involving radioactive material (open sources) and/or radioactive waste (including on-site disposal of radioactive waste).

You will also need to complete part RSR-F.

## 14 How to contact us

If you need help filling in this form, please contact the person who sent it to you or contact us as shown below.

### Premises not on a nuclear site

Phone: 020 302 58174 or 020 302 58207

Email: RSR.Rotherham2.NE@environment-agency.gov.uk

### Premises on a nuclear site

#### Nuclear regulatory group (North)

Phone: 020 302 55741

Email: nrg.north@environment-agency.gov.uk

Website: www.environment-agency.gov.uk

#### Nuclear regulatory group (South)

Phone: 020 302 59778

Email: nrg.south@environment-agency.gov.uk

If you are happy with our service, please tell us. It helps us to identify good practice and encourages our staff. If you're not happy with our service, please tell us how we can improve it.

## Feedback

(You don't have to answer this part of the form, but it will help us improve our forms if you do.)

We want to make our forms easy to fill in and our guidance notes easy to understand. Please use the space below to give us any comments you may have about this form or the guidance notes that came with it.

How long did it take you to fill in this form? \_\_\_\_\_

We will use your feedback to improve our forms and guidance notes, and to tell the Government how regulations could be made simpler.

### For Environment Agency use only

Date received (DD/MM/YYYY)

\_\_\_\_\_

Our reference number

\_\_\_\_\_

Payment received?

No

Yes  Amount received

£ \_\_\_\_\_

Do you want to remove the 'Restricted – Regulatory' text from the header and footer?

Yes

No