



ST. KITTS AND NEVIS BUREAU OF STANDARDS  
Radiation Safety and Security Authority  
La Guerite, Basseterre, St. Kitts  
Tel: 869-467-1498

APPLICATION FOR AN EXPORT OR IMPORT AUTHORIZATION

**NOTE:** Section 55 of the Radiation and Safety and Security Act, 2024, states that:

1. The Bureau shall develop regulatory requirements and procedures for the licensing of the export, import and transit of radioactive sources from, to or through the territory of Saint Christopher and Nevis.
2. The procedures established under sub-section (1) shall provide for an evaluation of information to ensure that a recipient is licensed to receive the requested source and has the capacity to ensure its safety and security.
3. For applications to export high level category sources as prescribed by regulations, the Bureau shall satisfy itself, in so far as practicable, that the importing State has the appropriate technical and administrative capability, resources and regulatory structure for the safe and secure management of the requested sources.

**INSTRUCTIONS:** Kindly complete this application form and submit to the St. Kitts and Nevis Bureau of Standards (SKNBS) along with a copy of receipt for fees paid and all supporting documents as stipulated in the **guidance document**. Please note that SKNBS may require additional information to fully consider the application prior to issuing the permit (Section 55 (3) of Radiation and Safety and Security Act, 2024).

1. Type of Authorization:

Please tick the appropriate ☒

☐ Import

☐ Export

2. Type of Application

Please tick the appropriate ☒

☐ New

☐ Renewal – valid permit number:- \_\_\_\_\_

Permit Expiration Date:- \_\_\_\_\_

☐ Variation – valid permit number:- \_\_\_\_\_

Permit Expiration Date:- \_\_\_\_\_

3. Applicant (Exporter/ Importer) Details:-

Organization: \_\_\_\_\_

Principal place of business (Exporter/ Importer): \_\_\_\_\_

Branch No. \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email Address: \_\_\_\_\_

SKNBS Regulatory Authorization Number(RAN): \_\_\_\_\_

4. Broker Details:-



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Organization: \_\_\_\_\_

Principal place of business (Broker): \_\_\_\_\_



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**APPLICATION FOR AN EXPORT OR IMPORT AUTHORIZATION**

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email Address: \_\_\_\_\_

SKNBS Regulatory Authorization Number (RAN): \_\_\_\_\_

Expiration Date of SKNBS RAN: \_\_\_\_\_

5. Recipient and/ or Final Consignee Details: - *(Additional consignees such as intermediate consignees may be listed on a separate sheet.)*

i. Recipient: \_\_\_\_\_

Principal place of business (Recipient): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Regulatory Authorization Number (RAN): \_\_\_\_\_

Expiration Date of RAN: \_\_\_\_\_

Regulatory Body: \_\_\_\_\_

ii. Final Consignee: \_\_\_\_\_

Principal place of business (Final Consignee): \_\_\_\_\_

Contact Person : \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Regulatory Authorization Number (RAN): \_\_\_\_\_

Expiration Date of RAN: \_\_\_\_\_

Regulatory Body Name: \_\_\_\_\_

6. Type of radioactive material:- *(State required information for one (1) radionuclide in the space provided; for additional radionuclide provide the required details on a separate sheet.)*

i. For sealed radioactive material **NOT** incorporated in radiation equipment/devices, give the following technical details:-

(a) Radionuclide: \_\_\_\_\_

(b) Serial No./Identifier No.: \_\_\_\_\_

(c) Maximum Activity: \_\_\_\_\_

(d) Activity date: \_\_\_\_\_

(e) Physical form: \_\_\_\_\_

(f) Chemical form: \_\_\_\_\_

- (g) Manufacturer : \_\_\_\_\_
- (h) Manufacturer Address: \_\_\_\_\_
- (i) 1. Name of Supplier: \_\_\_\_\_
- 2. Supplier Address: \_\_\_\_\_
- 3. Supplier Regulatory Authority Number (RAN): \_\_\_\_\_
- 4. RAN Expiration Date: \_\_\_\_\_
- 5. Supplier Regulatory Body : \_\_\_\_\_
- (j) Use and method of application: \_\_\_\_\_
- (k) Radioactive waste management procedure and method of disposal (*Reference and append the procedure/ method*):  
\_\_\_\_\_

ii. For unsealed radioactive materials, give the following technical details:-

- (a) Radionuclide: \_\_\_\_\_
- (b) Serial No./Identifier No.: \_\_\_\_\_
- (c) Maximum Activity: \_\_\_\_\_
- (d) Initial containment date of radionuclide: \_\_\_\_\_
- (e) Physical form: \_\_\_\_\_
- (f) Chemical form: \_\_\_\_\_
- (g) Manufacturer : \_\_\_\_\_
- (h) Manufacturer Address: \_\_\_\_\_
- (i) 1. Name of Supplier: \_\_\_\_\_
- 2. Supplier Address: \_\_\_\_\_
- 3. Supplier Regulatory Authority Number (RAN): \_\_\_\_\_
- 4. RAN Expiration Date: \_\_\_\_\_
- 5. Supplier Regulatory Body : \_\_\_\_\_
- (j) Use and method of application: \_\_\_\_\_
- (k) Radioactive waste management procedure and method of disposal (*Reference and append the procedure/ method*):  
\_\_\_\_\_

7. For equipment with sealed sources(s) incorporated, give the following details:-

*(State required information for one (1) equipment in the space provided; for additional equipment provide the required details on a separate sheet.)*

- i. If the device is to be used in the industrial sector, state the type of application (i.e. well logging, portable/fixed gauge, detection or analytical *etc.*):-

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State the technical details of the sealed source device above and attach relevant parts of the manual, if available:-

- (a) Manufacturer : \_\_\_\_\_
- (b) Manufacture Address: \_\_\_\_\_
- (c) 1. Name of Supplier: \_\_\_\_\_  
2. Supplier Address: \_\_\_\_\_  
3. Supplier Regulatory Authority Number (RAN): \_\_\_\_\_  
4. RAN Expiration Date: \_\_\_\_\_  
5. Supplier Regulatory Body : \_\_\_\_\_
- (d) Serial No. of the source(s): \_\_\_\_\_
- (e) Model No of the source(s): \_\_\_\_\_
- (f) Radiation type: \_\_\_\_\_
- (g) Radionuclide: \_\_\_\_\_
- (h) Maximum activity: \_\_\_\_\_
- (i) Activity date: \_\_\_\_\_
- (j) Model No. of apparatus: \_\_\_\_\_
- (k) Type of installation (fixed/ mobile/ portable): \_\_\_\_\_
- (l) Cost of the equipment: \_\_\_\_\_

ii. For radiotherapy equipment, give the technical details of the equipment as appropriate and attach relevant parts of the manual, if available:-

- (a) Manufacturer : \_\_\_\_\_
- (b) Model number and name: \_\_\_\_\_
- (c) Country of Manufacture: \_\_\_\_\_
- (d) Year of Manufacturer: \_\_\_\_\_
- (e) Radionuclide: \_\_\_\_\_
- (f) Serial no. of the source(s): \_\_\_\_\_
- (g) Initial activity of the source(s): \_\_\_\_\_
- (h) Activity date: \_\_\_\_\_
- (i) No. of sources installed: \_\_\_\_\_
- (j) Maximum design activity: \_\_\_\_\_
- (k) Total activity installed: \_\_\_\_\_
- (l) 1. Name of Supplier: \_\_\_\_\_

2. Supplier Address: \_\_\_\_\_
3. Supplier Regulatory Authority Number (RAN): \_\_\_\_\_
4. RAN Expiration Date: \_\_\_\_\_
5. Supplier Regulatory Body : \_\_\_\_\_
- (m) Type of installation (fixed/ mobile/ portable): \_\_\_\_\_
- (n) Cost of Equipment: \_\_\_\_\_
8. For radiation generator(s), give the technical details of the generator as appropriate and attach relevant parts of the manual and standards certificate, if available:-  
*(State required information for one (1) generator in the space provided; for additional generators provide the required details on a separate sheet.)*
- (a) Model number and name: \_\_\_\_\_
- (b) Serial number: \_\_\_\_\_
- (c) Maximum voltage: \_\_\_\_\_
- (d) Maximum current: \_\_\_\_\_
- (e) Radiation type: \_\_\_\_\_
- (f) Manufacturer : \_\_\_\_\_
- (g) Manufacture Address: \_\_\_\_\_
- (h) Year of Manufacture: \_\_\_\_\_
- (i) Radiation device certificate number (attach a copy): \_\_\_\_\_
- (j) 1. Name of Supplier: \_\_\_\_\_  
2. Supplier Address: \_\_\_\_\_  
3. Supplier Regulatory Authority Number (RAN): \_\_\_\_\_  
4. RAN Expiration Date: \_\_\_\_\_  
5. Supplier Regulatory Body : \_\_\_\_\_
- (k) Type of installation (fixed/mobile/ portable): \_\_\_\_\_
- (l) Cost of radiation generator(s): \_\_\_\_\_
9. State, giving summary details, the purpose for which the radiation sources will be used. (i.e. practice: treatment, diagnostic; non-destructive testing; gauging; biological irradiation etc.):-
- \_\_\_\_\_
10. Means of transport out of/into Saint Christopher and Nevis (i.e. air, road, rail, sea, etc.):-
- \_\_\_\_\_
11. (a) For importation, expected date of receipt:- \_\_\_\_\_

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(b) For exportation, expected date of shipment:- \_\_\_\_\_

12. Point of entry into/exit out of St. Christopher and Nevis:- \_\_\_\_\_

13. Arrangements made for transport from facility to exit point or entry point to establishment - attach all safety standard/ compliance certificate for each package, if available:-  
*(Please note: The SKNBS is to be provided with arrival/transfer details for the monitoring of clearance and inland transport.)*

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14. Preparations made at the premises where the radiation source(s) will be used:-

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15. Available **qualified experts** who will use the radiation source (provide names and copies of relevant qualifications/ state SKNBS authorization number and expiration date):-

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

16. Give relevant details of any contract(s) with supplier particularly with regards to:-  
*(Attach copies of all contractual arrangements)*

(a) Installation and training of operators:

\_\_\_\_\_

(b) Repair and maintenance including warranty: \_\_\_\_\_

(c) Return or change of source after useful life: \_\_\_\_\_

17. Provide details of arrangements for safe management of disused sources (including financial provision):-

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18. Provide justification or explanation for the need to use 'exceptional circumstances' provision, if applicable:-

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**DECLARATION**

I hereby declare that the information contained herein, and any supplemental pages appended to this application, are true and correct to the best of my knowledge and belief.

Legal Operator Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If company, Affix Company Seal

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To submit the completed application:  
Upload on our website [www.sknbs.org](http://www.sknbs.org) or bring the physical completed application form,  
together with all relevant documentation to: St. Kitts and Nevis Bureau of Standards:

Address:     La Guerite, Basseterre, St. Kitts  
Email:        [sknbs@gov.kn](mailto:sknbs@gov.kn)  
Fax:          n/a

The application form, together with all relevant documentation may also be submitted electronically.

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