



SRI LANKA ATOMIC ENERGY ACT NO.40 OF 2014

[Requirement Under Section 47(1)]

Sri Lanka Atomic Energy Regulatory Council
Application for Approval of Sale/Transfer/Installation of
X-ray Machine /Tube Imported to Sri Lanka

Form J-4 / Revision 0



* A separate application should be filled for each X-ray machine / Tube

PART A

(1) Details of the Importer:

| | |
|----------------------------|------------------|
| Name of the Importer | |
| • Office | Mailing Address: |
| | Telephone / Fax: |
| | Email: |
| • Private | Mailing Address: |
| | Telephone / Fax: |
| | Email: |
| National Identity Card No. | |
| Business Registration No. | |

(2) Details of the X-ray Machine / Tube to be exported:

| | | | | |
|-----------------------------------------------------|-----------------------|--------------------------|---------------------|--------------------------|
| Type of the X-ray machine / tube (Please select) | General X-ray Static | <input type="checkbox"/> | Fluoroscopy with II | <input type="checkbox"/> |
| | General X-ray Mobile | <input type="checkbox"/> | Angiography (DSA) | <input type="checkbox"/> |
| | Digital X-ray | <input type="checkbox"/> | C – Arm | <input type="checkbox"/> |
| | Dental X-ray | <input type="checkbox"/> | Bone Densitometer | <input type="checkbox"/> |
| | Mammography | <input type="checkbox"/> | Baggage Scanning | <input type="checkbox"/> |
| | CT | <input type="checkbox"/> | Body Scanning | <input type="checkbox"/> |
| | Fluoroscopy | <input type="checkbox"/> | Industrial X-ray | <input type="checkbox"/> |
| | Other(specify): _____ | | | |
| Brand Name | | | | |
| Model No. | | | | |
| Tube Serial No. | | | | |
| Year of Manufacture | | | | |
| Import Approval no. & date of Council (If any) | | | | |

PART B

- 1) Name of the User / Client :
- 2) Contact details: :
 - a. Mailing Address :
.....
.....
.....
 - b. Telephone No. :
 - c. Fax No. :
 - d. E mail :
- 3) Whether the user / client holds a licence issued by the Council to use / possess of X-ray machine/s:
(Yes / No)
- 4) If yes, provide the licence No. & date of issue:
- 5) If the machine is static or mobile to be used in a room, provide details as requested in the application AERC-PLAN-01. If the machine is used for industrial & research purposes, provide details as requested in the Application AERC- PLAN-02 (The application is required only if the plan has not been approved by the Council)
- 6) Provide plan No. if the plan is approved.....
- 7) The address of the place where the machine is to be installed, if different from mailing address:
.....
.....
.....
.....
Telephone No : Fax No.....

Declaration of the Importer:

I hereby declare that the information provided in this form and the attachments are correct to the best of my knowledge and belief.

- Signature of the Importer :
- Name :
- Designation :
- Date :

- Signature of Head of the importer's Institute :
- Name :
- Designation :
- Date :
- Seal of the Institute :

Instructions for Applicants

- 1) The duly filled application should be submitted to the following address enclosing the relevant documents

Director General, Sri Lanka Atomic Energy Regulatory Council, No.977/18, Kandy Road, Bulugaha Junction, Kelaniya.

- 2) For any inquiries contact -Tel: **011 2987860**, Fax: **011 2987857**, E-mail: officialmail@aerc.gov.lk
- 3) For details of information and download application, visit: www.aerc.gov.lk

Important:

- 1) Incomplete applications and / or applications with insufficient information/documents are liable to be returned to the applicant or rejected.
- 2) Decision taken by the Council on the application is conveyed to the applicant within 10 working days on receipt of all requested information to assess the application.