



SRI LANKA ATOMIC ENERGY ACT NO.40 OF 2014
[Requirement Under Section 47(1)]

Form J-5 / Revision 0



Sri Lanka Atomic Energy Regulatory Council
Application for Approval of Export of X-ray Machines /Tubes

** This application should be submitted along with the information requested in page-3 and separate application should also be filled for each X-ray machine / Tube*

(1) Details of the Exporter / Consignor:

Name of the Exporter / Consignor	
<ul style="list-style-type: none"> Office 	Mailing Address:
	Telephone / Fax:
	Email:
<ul style="list-style-type: none"> Private 	Mailing Address:
	Telephone / Fax:
	Email:
National Identity Card No.	
Business Registration No.	

(2) Details of the person / entity to which the X-ray machine /tube to be exported:

Name of the person /entity	
Mailing Address:	
Telephone / Fax:	
Email:	

(3) 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				

(4) Details of the licensee/s who used the X-ray Machine / Tube to be exported:

Details	If exporter is the licensee	If exporter is not the licensee
Name of the licensee		
Address		
Telephone No.		
Fax No.		
E mail		
Licence No. issued by the Council & Date of expiry		
Location of X-ray Machine / Tube		

(5) Purpose for which the X-ray machine / tube is exported:

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Declaration of the Exporter/ Consignor:

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 the Head of the importer's Institute :

Name :

Designation :

Date :

Seal of the Institute :

Documents to be enclosed with the application:

- 1) Copy / ies of licence/s issued to the licensee /s
- 2) Letter from licensee / end user of X-ray machine / tube
- 3) Copy of Business Registration Certificate of exporter (This will not applicable to Government Institutes)

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

Fee for Export Approval

Maximum Period of Validity: 01 Year	Fee without TAX	
	Semi Government & Private Institutions	Fully Government Institutions
Dental X-ray Machine / Tube	Rs. 8000/=	Rs. 4000/=
All types of Diagnostic X-ray Machine /Tube	Rs. 12000/=	Rs. 6000/=
Cabinet X-ray Machine	Rs. 8000/=	Rs. 4000/=

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 05 working days on receipt of all requested information to assess the application.