



# Strålsäkerhetsmyndigheten

Swedish Radiation Safety Authority

Send this application form to the Swedish Radiation Safety Authority,  
SE-171 16 Stockholm, Sweden.

## Licence application

# Activity or practice involving ionising radiation

under Section 20 of the Radiation Protection Act (1988:220)

### Applicant

Company, undertaking or the equivalent		Organisation/company registration number
Postal address		Postcode, city, country
Telephone	E-mail address	

### Invoice details (if other than provided above)

Company, undertaking or the equivalent	Invoice reference
Postal address	Postcode, city, country

### Contact person for radiation protection purposes

Name		Title
Telephone	E-mail address	

### Additional information

Specify the activity or practice involving ionising radiation: Sales, installation and maintenance Industrial equipment Radiography Veterinary practice Unsealed sources Other, please specify: The Swedish Radiation Safety Authority will inform you if additional information is required.
Additional details (e.g. previous licence number)

I have read the Radiation Protection Act and the applicable regulations issued by the Swedish Radiation Safety Authority for the activity or practice in question and hereby submit this licence application for the kind of activity involving ionising radiation described above.

### Signature

City and date	Signature, authorised signatory
Name (please print) and title	

Strålsäkerhetsmyndigheten  
Swedish Radiation Safety Authority

SE-171 16 Stockholm  
Solna strandväg 96

Tel:+46 8 799 40 00  
Fax:+46 8 799 40 10

E-mail: [registrator@ssm.se](mailto:registrator@ssm.se)  
Web: [www.ssm.se](http://www.ssm.se)