

**Division of Radiation Protection**  
**ATOMIC ENERGY AUTHORITY**

Atomic Energy Authority Act No 19 of 1969



**Application for sale / transfer / installation**  
**of x- ray machines imported to Sri Lanka**



*(A separate form should be filled for each x-ray machine)*

**PART A**

1) Name of the Importer : .....

2) Address : .....

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.....

.....

Tel.....Fax.....

3) Details of the X-ray machine / tube imported for sale / transfer / installation

a. Type of machine.....

(Select from the list below)

*(Dental X-ray, Portable, Mobile or Static machine for general Radiography, Fluoroscopy, Fluoroscopy with II, C-arm, Angiography(DSA), CT, Mammography etc. )*

b. Year of manufacture : .....

c. Brand Name : .....

d. Model No. : .....

e. Tube Serial No. : .....

f. Whether the machine is used or brand new : used / brand new

g. Import Authorization letter No.  
of AEA & date of issue (if any).....

*(Delete whichever is inapplicable)*

## **PART B**

1) Name of the User / Client:.....

2) Mailing Address :.....

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.....

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Tel.....Fax.....

3) Whether the user / client holds a licence issued by the AEA to use / possess of x-ray machine  
(Yes / No)

4) If yes, provide the licence No & date of issue.....

5) Provide details as requested below of the room in which the x-ray machine is to be installed;

a) Attach a lay out plan of the room attested by the user (signature & seal of the responsible person of the institute) indicating the clause ***“This is to certify that the x-ray machine whose details are given in the above application will be installed in the room shown in this plan”***

b) The following details should be clearly indicated in the plan

- |   |                                 |
|---|---------------------------------|
| * Size of the room in centimeters,                          | * Cassette pass box             |
| * Thickness of the walls and materials,                     | * Dark room                     |
| * Location of doors & windows,                              | * Chest erect bucky             |
| * Protective cubical,                                       | * Table bucky                   |
| * Changing room,  | * Occupancy around the facility |
| * Details of the lead shielding used for<br>doors & windows |                                 |

c) The address of the place where the machine is to be installed, if different from mailing address

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Tel.....Fax.....

I hereby declare that the information provided on this form and in support of this application is to the best of my knowledge is complete and true.

Date.....

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Signature of the Importer & Seal