**DEPARTMENT OF HEALTH**

Directorate, Radiation Control, Private Bag X62, BELLVILLE, 7535.

 🕿(021) 9486162, Fax No. (021) 9461589

 APPLICATION FOR A LICENCE TO USE AND DETAILS OF TRANSACTION AS PER CONDITION 03 OF YOUR LICENCE TO IMPORT OR MANUFACTURE.

HAZARDOUS SUBSTANCES ACT, 1973 (Act 15 of 1973)

1. LICENCE HOLDER

|  |
| --- |
| Name: **JT Dental Services cc** |
| Contact Person: **Jacques Wessels** | 🕿 **012 653 7536** |
| Cell: **+27 82 650 9157** | Fax: **+27 12 653 7287** | Email: **info@JTDental.co.za** |

2. PURCHASER

|  |
| --- |
| Name and postal address of individual or organisation: |
|  |
|  | Postcode:  |
| Contact Person:  | Title:  | 🕿  |
| Cell: | Fax:  | Email: |

3. PARTICULARS OF PREMISES (Where unit is to be installed)

|  |
| --- |
| Address: - General (i.e. block, floor, room, vehicle reg. no.)  |
| Section:  | Street:  |
| Building:  |
| Suburb: | Postcode:  |

# **4. RESPONSIBLE PERSON**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please indicate (X)** | Radiographer  | Dentist | Specialist | Dental therapist | Oral Hygienist |
| Surname:  | Title:  | Initials:  | ID no:  |
| Address:  |

**5. PRODUCT INFORMATION AS LISTED ON LICENCE FOR IMPORT**

|  |  |  |
| --- | --- | --- |
| Brand: **Instrumentarium** | Year of manufacture: **201** | Licence No.: **522/17317** |
| Model: **OP30** | Unit serial No.:  |

**5.1** **UNIT DISCRIPTION (Mark applicable with X)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Intra- oral  | Pan **X** | Pan / Ceph | Digital | Pan/CT | Dental CT |

**5.2** **TECHNICAL SPECIFICATIONS**

|  |  |  |
| --- | --- | --- |
| Peak tube potential:**77** kV | Maximum mA: **10mA** | Maximum exposure time: **9.2** s  |

# **6. DECLARATION**

|  |
| --- |
| **I, ................................................................................... hereby declare that all information supplied is true and correct.****Signature: Date:** |

|  |  |
| --- | --- |
| ***FOR OFFICE USE*** ***ATTENTION*** | ***Lic. No.:***  |