CLEAR FORM

SECTION A-2

ACKNOWLEDGEMENT OF RECEIPT OF APPLICATION FOR RADIOACTIVE WASTE SHIPMENT — REQUEST FOR MISSING INFORMATION

Registration No [*]:

15.	Name of the competent authority responsible for issuing the authorisation: Member State: ○ of origin[†], ○ of destination[‡], ○ where the shipment first enters the Community[§] Address: Postcode: Town: Country: Tel.: Fax: e-mail: Contact person: Mr/Ms
16.	Name of the competent authority concerned: Member State or country of (tick as appropriate): ○ destination, ○ transit, ○ where he shipment first enters the Community, or ○ origin[**] Address: Postcode: Town: Country: Tel.: Fax: e-mail: Contact person: Mr/Ms
17.	In accordance with the provisions of Directive 2006/117/Euratom, I hereby consider the application of , received on ○ (a) not duly completed and request the following missing information: (Attach complete list of missing information (items), if space is not sufficient) ○ (b) duly completed and acknowledge the receipt thereof. (Date and place) (Stamp) (Signature)

[*] To be completed by the competent authority responsible for issuing the shipments authorisation.
[†] In case of a type MM or type ME shipment.
[‡] In case of a type IM shipment.
[§] In case of a type TT shipment.
[**] Not required by the Directive, Country of origin may be consulted on a voluntary basis in case of type TT and IM shipments.