CLEAR FORM

SECTION A-3

REFUSAL OR CONSENT OF THE RADIOACTIVE WASTE SHIPMENT BY THE COMPETENT AUTHORITIES CONCERNED

Registration No *:

18.	Name of the competent authority concerned: Member State or country (tick and fill in as appropriate): ○ of origin†, ○ of destination‡, ○ of transit§ Address: Postcode: Town: Country: Tel.: Fax: e-mail: Contact person: Mr/Ms
19.	○ General deadline for automatic approval ○ Request for additional period of not more than one month, extended deadline for automatic approval: (Date and place) (Stamp) (Signature)
20.	In accordance with the provisions of Directive 2006/117/Euratom, I hereby: ○ (a) refuse consent for the following reasons (attach complete list of reasons, if space is not sufficient) ○ (b) grant consent under the following conditions (attach complete list, if space is not sufficient) (Date and place) (Stamp) (Signature)

* To be completed by the competent authority responsible for issuing the shipments authorisation.
† Not required by the Directive, country of origin may be consulted on a voluntary basis in case of type.
‡ In case of a type MM or ME shipment.
§ In case of type MM, IM, ME or TT shipments, if one or more Member States of transit are concerned.