

## RADIATION SAFETY ACT 1975

### FEE SCHEDULE – TEMPORARY PERMITS

The following fees are payable for any period up to and including 3 months, the maximum permitted for a Temporary Permit.

1. **For a Permit which in effect replaces a Licence**, the fee is \$28
2. **For a Permit which in effect replaces a Registration** (i.e. approval is requested to possess, use, store or otherwise deal with an unregistered irradiating apparatus, electronic product or device containing a radioactive substance, the fees are —

Irradiating apparatus and/or electronic products	Radioactive Substances	Fees (\$)
Number of Devices	Maximum Activity	
2 or less	40 Gigabecquerels	69
3 to 5	400 Gigabecquerels	138
6 to 10	4 Terabecquerels	277
more than 10	> 4 Terabecquerels	415

3. **Where a Permit combines approval** for an individual (see 1) plus specific irradiating apparatus, electronic products or devices containing radioactive substances (see 2), the higher fee alone is applicable.

### **TAX INVOICE** FEES ARE GST FREE

*This form should be completed where appropriate and returned with your application.  
A copy should also be kept for your records.*

*Payment should be made to the Radiological Council by cheque, money order or cash.  
A receipt will only be issued on request.*

#### PERMIT FOR AN INDIVIDUAL

QUANTITY	FEE (\$)	GST	TOTAL (\$)
	28	0	
<b>TOTAL including GST</b>			

#### PERMIT FOR DEVICES, SUBSTANCES AND PREMISES

*(Determine the fee from item 2 above)*

MAXIMUM ACTIVITY OR NUMBER OF APPARATUS/DEVICES	FEE (\$)	GST	TOTAL (\$)
<b>GBq/TBq/Number</b> <small>(cross out inapplicable terms)</small>		0	
<b>TOTAL including GST</b>			

# RADIATION SAFETY ACT 1975

## APPLICATION FOR TEMPORARY PERMIT (L)

to operate, use, or otherwise deal with

IRRADIATING APPARATUS

RADIOACTIVE SUBSTANCES

ELECTRONIC PRODUCTS

Please tick the relevant box(es)

Please PRINT or TYPE.

### 1. Applicant Information..

Last Name

First Name

Next Initial

Title

Address

Postcode

Tel

Fax

e-mail

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ddmmyy

*This information helps to ensure that your records are correctly identified*

### 2. Occupation:

### 3. Qualifications, training and experience of the Applicant (relevant to this application) to use or otherwise deal with the substances, apparatus, or products referred to in Item 5. Attach copies of any documents which support the application:

### 4. Purpose(s) for which the permit is required:

### 5. Particulars of the substances, apparatus, or products to be used, manufactured, stored, transported, sold, possessed or otherwise dealt with by the Applicant

### 6. Location(s) at which it is intended to use or otherwise deal with the substances, apparatus or products referred to above:

*Return the signed form and fee to:  
Radiological Council  
Locked Mail Bag 2006  
P O Nedlands WA 6009*

**ENQUIRIES**  
Tel (08) 9388 4999 Fax (08) 9382 0701  
e-mail: radiation.health@health.wa.gov.au  
Faxed or e-mail applications cannot be accepted.

**SIGNATURE of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

<b>Office Use Only</b>	Fee Paid	<input type="text"/>	Receipt No	<input type="text"/>	Period	<input type="text"/>	months	Date	<input type="text"/>
			TP No	<input type="text"/>	Sequence Number	<input type="text"/>			

Form TP(L) June 2012