

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	
TOTAL including GST			

PERMIT FOR DEVICES, SUBSTANCES AND PREMISES

(Determine the fee from item 2 above)

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

RADIATION SAFETY ACT 1975

APPLICATION FOR TEMPORARY PERMIT (R)

to manufacture, possess, store or otherwise deal with

IRRADIATING APPARATUS

RADIOACTIVE SUBSTANCES

ELECTRONIC PRODUCTS

Please tick the relevant box(es)

Please PRINT or TYPE.

Complete **BOTH** this application and the supplementary form. Return both signed forms with the fee (see Note (c)).

1. **Name and Address of the Applicant.** (See Note (a)).

Tel

Fax

e-mail

2. **Location of the Premises to be subject to the Permit**

4a. **Particulars of the Radioactive Substances, Irradiating Apparatus, Electronic Products which are the subject of the application:**

Provide full details in a signed attachment

5. **Purpose(s) for which the substances, apparatus or electronic products are to be used:**

6. **Name, qualifications and experience of the person nominated to be the Radiation Safety Officer** *(This person's duties and responsibilities are given in regulations 18 and 19 of the Radiation Safety (General) Regulations). Please give the nominee's title, first name, next initial, last name and date of birth. This information helps in correctly identifying records.*

7. **Names, qualifications and experience of persons licensed or otherwise authorised to operate or use substances, irradiating apparatus or electronic products:**

Provide full details in a signed attachment

8. **Radiation monitoring instruments available on the premises.**

9. **Arrangements made for personal radiation monitoring. (Name of service provider)**

NOTES:

- For businesses, companies or other organisations, include the title of the responsible person. The 'owner' of the premises (the applicant) is defined in the Act to include the hirer, lessee, borrower, bailee, mortgagee in possession and any attorney, agent, manager, foreman, supervisor, or other person in charge or having control or management thereof, and any person acting or representing himself to be acting for the owner.
- A **SCALE PLAN** of the premises must be provided with the application showing the location(s) where the apparatus and/or products are, or are to be, installed or normally used, the purpose of all adjacent areas, the nature of the construction materials and the location and dimensions of any protective barriers for operators.
- The fee schedule is attached.
- Return to **Radiological Council, Locked Mail Bag 2006, P O Nedlands WA 6009**

This application and any supplementary forms cannot be processed without being signed by the person in whose name the premises are to be registered. The responsibilities of that person (and the RSO) are set out in the Act and the regulations.

ENQUIRIES

Tel: (08) 9388 4999

Fax: (08) 9382 0701

radiation.health@health.wa.gov.au

Photocopied, faxed or e-mailed applications cannot be accepted. Please return the completed and signed original forms.

NAME of Applicant _____

POSITION of Applicant _____

SIGNATURE of Applicant _____

Date _____

Office use: Fee Paid

Receipt No

Period

Date

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APPLICATION FOR TEMPORARY PERMIT (R)

Please complete either Section A, B or C (as relevant to your application) and Section D

SECTION A If the application is for **RADIOACTIVE SUBSTANCES** please complete this section **AND** Section D

Nuclide eg ⁶⁰ Co	Activity	Form (sealed, unsealed)	Intended Use	If enclosed in a Device —		
				Manufacturer	Model	Serial No.

SECTION B If the application is for **IRRADIATING APPARATUS** please complete this section **AND** Section D

Manufacturer	Model	Serial No. (control)	Purpose	Max kVp	Max mA

SECTION C If the application is for **ELECTRONIC PRODUCTS** please complete this section **AND** Section D

Manufacturer	Model	Serial No. (control)	Purpose	Max Output Power	Wavelength(s)

SECTION D **NAMES, QUALIFICATIONS and EXPERIENCE** of persons licensed or otherwise authorised to operate or use the substances, irradiating apparatus or electronic products

Last name	First name	Title	Qualifications relevant to this application	Licence Number (where applicable)