

PURPOSE

This form is to be used to apply for a radiation licence under the *Radiation Protection Act 2006* (the Act).
You can access the Act and its Regulation at www.legislation.act.gov.au.

PRIVACY

The collection of personal information is required by this form for the purposes of issuing a licence under the Act. The Health Protection Service (HPS) prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

HEALTH PROTECTION SERVICE CONTACT INFORMATION

Trading Hours: 9.00am – 4.30pm Monday to Friday

Website: www.health.act.gov.au/hps	General Enquires: (02) 6205 1700	Email Address: hps@act.gov.au	Fax Number: (02) 6205 1705
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INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

Licences are issued to person(s) that deal with a radiation source. Dealing with a radiation source without a licence is an offence, and there are also offences for dealing with a radiation source contrary to licence conditions.

(1) Trusts will not be licensed. Companies operating as trustees for a trust will be licensed, in the Company name only.

(2) In accordance with legislation, Partnerships cannot be licensed as a company. If a partnership is dealing with radiation sources, one or more of the individuals in the partnership must obtain an individual licence.

- The ARPANSA Radiation Protection Series publications (RPS), including the National Directory for Radiation Protection, is available online at: <http://www.arpansa.gov.au/publications/Codes/rps.cfm>.
- Further information regarding the licence process including an information sheet is available on the HPS website www.health.act.gov.au/radiationsafety
- Complete this form using a black or blue pen and return with the required fee (see page 7).
- Declaration on page 7 must be signed.

Is the licence to be issued to a Corporation (a Company, Incorporated Association, Government agency or a Registered Charitable Organisation)?

- YES Complete PARTS A, C and D** of this application. *NB: Trusts or Partnerships will not be licensed. Companies operating as trustees for a trust will be licensed in the company name only.*
- NO Complete PARTS B, C and D** of this application.





Confirmation of identity will need to be produced either:

1. In person at the Health Protection Service office; or
2. By submitting certified copies via post/email/fax to the HPS office.

TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

COMPLETED FORMS AND PAYMENT TO BE RETURNED

 <p>In Person: Health Protection Service 25 Mulley Street HOLDER ACT 2611</p>	 <p>By Post: Health Protection Service Locked Bag 5005 WESTON CREEK ACT 2611</p>	 <p>By Fax: (02) 6205 1705 <i>If the application is faxed or emailed, please do not post the original.</i></p>	 <p>By Email: hps@act.gov.au</p>
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CHECKLIST

If applying as an INDIVIDUAL	
<input type="checkbox"/>	Part B completed and signed: Applicant details for an individual
<input type="checkbox"/>	Part C complete: Proof of identification
<input type="checkbox"/>	One form of current photographic identification presented in person at the Health Protection Service OR One form of current photographic identification sighted and certified by an authorised witness for each signatory.
<input type="checkbox"/>	Part D completed: Licence application details
<input type="checkbox"/>	Attached copies of all relevant certificates or documentation
<input type="checkbox"/>	Declaration signed (page 7)
<input type="checkbox"/>	Attached payment (page 7)
If applying as a CORPORATION	
<input type="checkbox"/>	Part A completed and signed: Applicant details of a company
<input type="checkbox"/>	Attached current company extract (issued in last 30 days) by the Australian Securities and Investment Commission (ASIC)
<input type="checkbox"/>	Part C complete: Proof of identification (for company agent)
<input type="checkbox"/>	One form of current photographic identification presented in person at the Health Protection Service OR One form of current photographic identification sighted and certified by an authorised witness for each signatory.
<input type="checkbox"/>	Part D completed: Licence application details
<input type="checkbox"/>	Attached copies of all relevant certificates or documentation
<input type="checkbox"/>	Declaration signed (page 7)
<input type="checkbox"/>	Attached payment (page 7)

PART A – APPLICANT DETAILS FOR A COMPANY (Do NOT complete if you are applying as an individual)

A copy of the Company's current extract (*issued within the previous 30 days*) from the Australian Securities and Investment Commission (ASIC) must be attached.

COMPANY NAME

AUSTRALIAN COMPANY NUMBER (A.C.N.) - Leave blank if an Incorporated Association, Government agency or a Registered Charitable Organisation

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PART B – APPLICANT DETAILS FOR AN INDIVIDUAL (Do NOT complete if you are applying as a company)**TITLE (Mr, Ms)****GIVEN NAMES****FAMILY NAME**

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PART C - APPLICANT ADDRESS (If applying as a company the registered company address must be provided)

(Property Name, Unit, Flat Number, Street Number, Street Name)

CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE

PART C - APPLICANT POSTAL ADDRESS (If different to above applicant address)

CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE

BUSINESS HOURS PHONE NUMBER	MOBILE NUMBER
FAX NUMBER	EMAIL ADDRESS

DECLARATION

I, _____, confirm that the information supplied on this page is true and accurate and understand that the provision of false or misleading information is an offence.

Signature : _____
(For Companies - Signature of authorised agent only)

Position Title (Companies): _____

Date: / /

PART C – PROOF OF IDENTIFICATION (Must be completed for company (by the registered agent) and individual)

One form of current photographic identification sighted and certified by an authorised witness must be provided for each signatory in Parts A or B.

A list of authorised witnesses for true and correct copy can be found at:

<http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>

The witness should include the following text on a certified copy:

EXAMPLE

CERTIFIED TRUE COPY OF THE ORIGINAL

I certify that this is a true and accurate copy of the original document sighted by me.

Full name: _____ **Signed:** _____ **Dated:** _____ **Authority to sign:** _____ **Phone:** _____

ACCEPTABLE FORMS OF PHOTOGRAPHIC IDENTIFICATION – Examples below

- Driver’s licence
- Proof of age or identity card issued by a State/Territory
- Passport

FORMS OF IDENTIFICATION PROVIDED			
Type	Number	Expiry Date	Certified Copy Attached
			<input type="checkbox"/>
			<input type="checkbox"/>

PART D – LICENCE APPLICATION DETAILS – (Must be Completed)

APPLICANT'S PROFESSIONAL DETAILS - (Individuals Only)

OCCUPATION: *(if applicable)*

PROFESSIONAL REGISTRATION NUMBER: *(if applicable)*

EMPLOYER/ WORKPLACE: *(if applicable)*

ALTERNATE CONTACT PERSON or APPLICANT IS THE ONLY CONTACT

GIVEN NAME: _____ FAMILY NAME: _____

WORKPLACE/EMPLOYER NAME: _____ CONNECTION TO APPLICANT: _____

PHONE (bh): _____ MOBILE: _____ FAX: _____

LICENCE DEALING CATEGORIES (Please ✓ all boxes applicable)

For all types of source

Operate Apparatus Possess Supply Service Install Manufacture

For radioactive material only

Use Sources Transport Store Dispose

USE CATEGORY

Medical Dental (general) Veterinary (general) Research

Chiropractic Dental (specialist) Veterinary (specialist) Security

Industrial (please specify): _____

Other (please specify): _____

USE SUBCATEGORY

Diagnostic Therapeutic Analytical Quality Assurance

Other (please specify) _____

TYPE OF SOURCE(S)

X-ray Apparatus Sealed Radiation Source Apparatus Incorporating a Sealed Source

Accelerated Particle-beam Apparatus Radioactive Material **

BMD/DEXA Only

** Source details to be included in Radioactive Material section on page 6

DETAILS OF RELEVANT QUALIFICATIONS, TRAINING AND EXPERIENCE

Copies of all certificates or documentation must be attached

SOURCE DETAILS

RADIATION SOURCE DESCRIPTION AND INTENDED USE

Include a brief description of radiation sources you will be dealing with and their intended use

Additional page(s) attached with further source details.

RADIOACTIVE MATERIAL

If you will be handling any radioactive material include type, activity and brief description of use.

Radionuclide	Maximum activity <u>on premises</u> at any one time	Maximum activity <u>in use</u> at any one time	For what purpose do you intend to use the radionuclides?

Additional page attached with further source details.

DECLARATION – MUST BE SIGNED

I declare that I am authorised to supply all the information above; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this licence application.

I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.

NAME: _____ **POSITION:** _____

SIGNATURE: _____ **DATE:** _____

LICENCE DURATION

Please tick (✓) your desired duration

- 1 Year - fee \$232
- 2 Years - fee \$464
- 3 Years - fee \$696

Please complete Payment Method below.

PAYMENT METHOD

Please tick (✓)

- Cash
- Cheque (please make payable to the Health Protection Service)
- Credit card (please complete details below)

CREDIT CARD DETAILS - IF PAYING BY CREDIT CARD

- I agree to this credit card being debited the required fee and the credit card details being destroyed once the transaction is processed.

GST is not applicable under section 81-5 of the A New Tax System (Goods and Services Tax) Act 1999.

Card Holder's Name: _____

Card Holder's Signature: _____ Date: ____/____/____

Daytime Phone No: _____

Card Number (Visa or MasterCard only)

Expiry Date

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