



RADIATION SAFETY ACT
FIRST APPLICATION FOR A LICENCE / EXEMPTION FROM LICENCE
IRRADIATING APPARATUS and/or ELECTRONIC PRODUCTS

- The application must be signed personally, not by an agent.
- Licences (and exemptions from licence) are personal and cannot be transferred to another person.
- Refer to the general information provided overleaf before completing the application.
- For additional assistance, call (08) 9388 4999.

Industrial Radiography applicants only: the Regulations require two (2) recent passport sized photographs of yourself, signed and dated on the reverse. Only two photographs are required, even if you are applying for both x-ray and radioactive substances industrial radiography licences.

TAX INVOICE
FEES ARE GST FREE

If you are required to pay a fee, complete the table below and retain a copy for your records. A fee is payable **UNLESS** –

- you are applying for an Exemption from Licence; or
- you are a State Government employee, working for an organisation recognised as “non-chargeable” by Treasury. **Note:** Hospitals are *chargeable* organisations.

Payment to the Radiological Council should accompany the application and can be made by cheque, money order or credit card using the payment form provided with this application.

- Cash and EFTPOS payments are accepted **ONLY** if paying in person.
- If paying by credit card, please only submit by fax, mail or in person. Do not email credit card details.
- Purchase orders **cannot** be accepted.

QUANTITY		FEE	GST	TOTAL
	1 year licence	\$ 65	N/A	\$
	3 year licence	\$130	N/A	\$
			TOTAL	\$

LICENCE INFORMATION

APPLICABLE TO BOTH LICENCES AND INDIVIDUAL EXEMPTIONS FROM LICENCE

A licence may be granted –

- to operate, use, manufacture, store, sell, possess, install, service, maintain, repair, test, or otherwise deal with x-ray equipment, *prescribed* electronic products¹ or radioactive substances.
- for one or more purposes. It may specify the type(s) of x-ray equipment and electronic products or the types and quantities of radioactive substances with which the licensee may deal.

A licensee is permitted to deal with radiation on registered premises or at field sites. However, approval for a licensee to work with radiation at a particular location is ultimately the responsibility of the Registrant (usually the 'owner' of the premises).

Licences may be subject to a number of conditions, compliance with which is required under Section 36 of the Act. Failure to comply is an offence.

Separate licences are required for –

- x-ray equipment and/or prescribed electronic products, and for
- radioactive substances.

Industrial Radiography

If you apply for an **industrial radiography licence** you must also submit two (2) passport size head and shoulder photographs of yourself, signed and dated on the reverse. The two (2) photographs will suffice for both x-ray and radioactive substances licence applications.

Fees paid by Employers

If you are required to hold a licence because of the nature of your work as an employee, your employer may elect to pay the fee. This is a private arrangement and it remains your responsibility, as the applicant, to ensure that the application form and fees are submitted.

TRANSFERRING LICENCES

Your licence is personal and **cannot** be transferred to another person.

FURTHER INFORMATION

If you require assistance in completing the form please telephone (08) 9388 4999.

INITIAL APPLICATIONS

Name and Address

- Give your residential or postal address. **If you are an employee at a large organisation and your need for a licence is specific to that organisation**, you should first discuss the application with the organisation's Radiation Safety Officer. Your employer (as the 'registrant' under the Act) has a number of obligations to fulfil and he or she may prefer to process renewal applications centrally to ensure that those obligations are met.

Qualifications

- Your formal qualifications should be given in full. Any additional training and experience **relevant to the application** should also be stated.

Purpose

- Briefly describe the purpose(s) for which the licence is required.

RENEWAL APPLICATIONS

Renewal notices for both licences and exemptions are issued at the beginning of the month preceding expiry.

Please ensure that –

- the completed and signed renewal application is submitted **before** the expiry date shown on the form, and that
- the relevant fee (if applicable) accompanies the application.

FAILURE TO RENEW A LICENCE

Your licence is invalid if the renewal application is not received by the Radiological Council before the expiry date. You may be committing an offence if you continue to deal with x-ray equipment, prescribed electronic products or radioactive substances after that date.

¹*Prescribed' electronic products comprise transilluminators, class 4 lasers, single pulsed class 3B lasers and class 3B lasers with average output power greater than 5 mW*



PAYMENT FORM

Name of applicant	Address	Postcode

Provide relevant information for which payment is being made	Licence/registration number (renewal applications only)	Fee paid
Licence – irradiating apparatus and/or electronic products	LX	\$
Licence – radioactive substances	LS	\$
Registration – irradiating apparatus and/or electronic products	RX	\$
Registration – radioactive substances	RS	\$
Total amount remitted		\$



Cheque enclosed Make cheques payable to the *Radiological Council*

Financial Institution / Bank: _____

Cheque number: _____

OR

Charge my credit card Please ensure the details provided are correct to avoid payment being delayed or denied due to insufficient funds in which case a surcharge may apply and the issue of your licence and or registration will be suspended.

Cardholder's name:
(Name on card) _____

Cardholder's signature:
(Signature on card) _____

Card Expiry Date: (mm/yy) _____ CVV / CVC *:

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* CVV / CVC is the three digit number appearing on the back of your credit card

Credit card number:

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RETURN THIS FORM WITH YOUR APPLICATION EITHER BY MAIL OR FAX

Complete this form and submit **with your application** to:

Fax: +61 8 9382 0701
Mail: The Secretary, Radiological Council
 Locked Bag 2006 Nedlands WA 6009

Do not email credit card details.

Should you need further assistance with the above please call +61 8 9388 4999.

Retain a copy of this page for your own records

RADIATION SAFETY ACT 1975

APPLICATION FOR LICENCE*

in respect of

IRRADIATING APPARATUS and/or ELECTRONIC PRODUCTS

Please refer to the accompanying notes when completing the form.

Please PRINT or TYPE.

1. Applicant Information. *Renewal notices will be sent to the address stated below.*

Last Name	First Name	Next Initial	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
State	Postcode

Tel	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>

e-mail

<input type="text"/>

Date of Birth (day/month/year) / /

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 operate, use or otherwise deal with irradiating apparatus and/or prescribed electronic products. Attach copies of any documents which support the application:

4. Type of irradiating apparatus and/or prescribed electronic products to be operated, used or otherwise dealt with by the Applicant:

Tick the boxes which are relevant to the application

- X-ray
- Laser
- Other → Describe other _____

5. Purpose(s) for which the licence* is required:

6. Location(s) at which it is intended to operate, use or otherwise deal with the irradiating apparatus and/or prescribed electronic products:

ENQUIRIES: Phone 08 9388 4999 or email radiation.health@health.wa.gov.au

Return the signed form, supplementary documents and fee to:

Mail Radiological Council, Locked Mail Bag 2006, P O Nedlands W A 6009
In person Grace Vaughan House, 227 Stubbs Terrace, Shenton Park
Email radiation.health@health.wa.gov.au (do not email credit card details)
Fax 08 9382 0701

SIGNATURE of applicant _____ **Date** _____

PRINT NAME _____

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

*and/or Exemption from Licence