RADIATION SAFETY ACT
FIRST APPLICATION FOR A LICENCE / EXEMPTION FROM LICENCE
RADIOACTIVE SUBSTANCES

- 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) 9222 2000

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 the renewal of 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 institutions.

Payment to the Radiological Council should accompany the application and can be made using the attached Payment Form.

<table>
<thead>
<tr>
<th>FEE</th>
<th>FEE From 01/08/2019</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>1 year licence</td>
<td>$75</td>
<td>$80</td>
</tr>
<tr>
<td>3 year licence</td>
<td>$150</td>
<td>$160</td>
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Applications submitted on or after 1 August 2019 will be subject to the fee increases outlined below.
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 products 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.

**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.

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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

The details you provide on this page are for the payment and receipt for your application only. Use the application form to amend any other details.

Ensure that the details provided are complete, correct and legible, and that you have sufficient funds to avoid payment being delayed or denied; this may affect the validity or processing of your application.

Your payment will be processed immediately upon the application being received and a receipt will be issued at this time. The processing of your application will then commence.

SUBMIT ONE PAYMENT FORM PER APPLICATION

Complete a separate payment form for each application and submit with your application to:

Mail: The Secretary, Radiological Council
      Locked Bag 2006 Nedlands WA 6009

Email: radiation.licensing@health.wa.gov.au

Should you need further assistance please call +61 8 9222 2000.

Retain a copy of this page for your own records

<table>
<thead>
<tr>
<th>Name of applicant</th>
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<tbody>
<tr>
<td>Mailing address for receipt</td>
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<tr>
<td>☐ Same as application; or</td>
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<tr>
<td>☐ As provided below</td>
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<tr>
<th>Suburb:</th>
<th>State:</th>
<th>Postcode:</th>
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<td>Country (if not Australia):</td>
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<tr>
<th>Application type (select one)</th>
<th>Licence or registration number (or indicate if new application)</th>
<th>Fee to be paid (calculate from tax invoice page)</th>
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<tbody>
<tr>
<td>☐ Licence</td>
<td>☐ Renewal application for: 📌 _____ / _____ ________</td>
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<tr>
<td>☐ Registration</td>
<td>☐ New application</td>
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<tr>
<td>☐ Temporary Permit</td>
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☐ Cheque enclosed

Make cheques payable to the Radiological Council.

Cheque number: ___________________________ Financial institution / bank: ___________________________

OR

☐ Charge my Visa or MasterCard

Emailing credit card details is not recommended; please call our radiation licensing admin area at the number on the top of this form to provide your details over the phone.

Should you wish for your payment to be processed on or after a specific date, please specify: ___________________________

Cardholder’s name: (Name on card) ___________________________

Cardholder’s signature: (Signature on card) ___________________________

Card expiry Date: (MM/YY) ☐ ☐ / ☐ ☐

Credit card number: __________________________________________

Is_package
RADIATION SAFETY ACT 1975
APPLICATION FOR LICENCE*
in respect of
RADIOACTIVE SUBSTANCES

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

Mailing Address

Postcode

e-mail

Tel

Mobile

Fax

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 use or otherwise deal with the radioactive substances referred to in Item 5. Attach copies of any documents which support the application:

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

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

   Please complete the details on the form provided

6. Location(s) at which it is intended to use or otherwise deal with the radioactive substances referred to in Item 5:

ENQUIRIES: Phone 08 9222 2000 or email radiation.licensing@health.wa.gov.au

Return the signed form, supplementary documents and payment form to:

Mail Radiological Council, Locked Mail Bag 2006, P O Nedlands WA 6009

Email radiation.licensing@health.wa.gov.au (do not email credit card details)

SIGNATURE of Applicant ______________________________ Date ___________

PRINT NAME ______________________________

Fee Paid __________ Received No __________ Period __ months Date __________

Licence No __________ Sequence Number __________

*and/or Exemption from Licence

Form RS1 June 2019
APPLICATION FOR LICENCE
in respect of
RADIOACTIVE SUBSTANCES
SUPPLEMENTARY FORM

PARTICULARS OF RADIOACTIVE SUBSTANCES

<table>
<thead>
<tr>
<th>RADIONUCLIDE (eg. $^{60}$Co)</th>
<th>ACTIVITY (kBq, MBq, etc)</th>
<th>FORM (sealed/unsealed)</th>
<th>PURPOSE OR USE</th>
<th>LOCATION ON PREMISES</th>
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___________________________ Signature of Applicant  ______________________ Date