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) 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 From 01/08/2019</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year licence</td>
<td>$ 80</td>
</tr>
<tr>
<td>3 year licence</td>
<td>$160</td>
</tr>
</tbody>
</table>

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.

**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) 9222 2000.

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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>
<th>Mailing address for receipt</th>
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<tbody>
<tr>
<td></td>
<td>☐ Same as application; or</td>
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<tr>
<td></td>
<td>☐ As provided below</td>
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<tr>
<td></td>
<td>Suburb:</td>
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<td></td>
<td>State:</td>
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<td></td>
<td>Postcode:</td>
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<tr>
<td>Country (if not Australia):</td>
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</table>

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Licence</td>
<td>☐ Renewal application for:</td>
<td>$</td>
</tr>
<tr>
<td>☐ Registration</td>
<td>____ ____ / ______ ______</td>
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<tr>
<td>☐ Temporary Permit</td>
<td>☐ New application</td>
<td></td>
</tr>
</tbody>
</table>

☐ 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: ____________________________

Ix_package
WESTERN AUSTRALIA

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.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Next Initial</th>
<th>Title</th>
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<tr>
<th>Mailing Address</th>
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<table>
<thead>
<tr>
<th>Tel</th>
<th>Mobile</th>
<th>Fax</th>
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<table>
<thead>
<tr>
<th>Date of Birth (day/month/year)</th>
<th>/   /</th>
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<tbody>
<tr>
<td>This information helps to ensure that your records are correctly identified</td>
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<tr>
<th>e-mail</th>
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<table>
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<tr>
<th>State</th>
<th>Postcode</th>
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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 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 __________ Receipt No __________ Period __ months Date __________

Licence No __________ Sequence Number __________

*and/or Exemption from Licence

Form RS4 June 2019