RADIATION SAFETY ACT
FIRST APPLICATION FOR REGISTRATION
IRRADIATING APPARATUS and/or ELECTRONIC PRODUCTS

An application form is enclosed for the registration of premises and irradiating apparatus and/or prescribed electronic products (transilluminators, class 4 lasers, single pulsed class 3B lasers and class 3B lasers with average output power greater than 5 mW).

Registration applies to the premises where the apparatus and/or electronic products are to be used as well as to each device that may be used or kept on those premises or on field sites. The applicant must provide an inventory on the supplementary form of the apparatus and/or products as well as the names, qualifications and relevant training of persons who will be using the apparatus and/or products.

Radiation Safety Officer (RSO):

The applicant must provide full details of the qualifications, training and experience of the person nominated to hold this position. The nominee may be required to attend an appropriate radiation safety training course, pass an examination in radiation safety, and may be required to hold a licence as the person responsible for the use of radiation on the premises. **If the nomination is approved by the Radiological Council, the Registrant is required to inform the RSO of this appointment in writing.** Separate RSOs may be nominated for x-rays, lasers and transilluminators.

If further assistance is required, please telephone (08) 9222 2000.
RADIATION SAFETY ACT 1975
IRRADIATING APPARATUS and/or ELECTRONIC PRODUCTS
REGISTRATION FEES

The Tax Invoice table below should be completed and returned with your registration application. A copy should also be kept for your records.

**Fee Exemption:** The fee is **NOT** payable if you are a State Government organisation recognised by Treasury as ‘non-chargeable’ or you are applying for, or renewing, an Exemption from Registration. Hospitals are chargeable organisations.

Payment should be made to the Radiological Council by cheque, money order or credit card and should accompany the application.

### FEE SCHEDULE

<table>
<thead>
<tr>
<th>TOTAL NUMBER* of Irradiating Apparatus and/or Electronic Products</th>
<th>Current fees</th>
<th>From 01/08/2019</th>
<th>1 year fee</th>
<th>3 year fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 year fee</td>
<td>3 year fee</td>
<td>1 year fee</td>
</tr>
<tr>
<td>2 or less</td>
<td>$ 190</td>
<td>$ 200</td>
<td>$ 200</td>
<td>$ 400</td>
</tr>
<tr>
<td>3 to 5</td>
<td>$ 380</td>
<td>$ 400</td>
<td>$ 400</td>
<td>$ 800</td>
</tr>
<tr>
<td>6 to 10</td>
<td>$ 755</td>
<td>$ 800</td>
<td>$ 800</td>
<td>$1600</td>
</tr>
<tr>
<td>11 or more</td>
<td>$1150</td>
<td>$1250</td>
<td>$1250</td>
<td>$2500</td>
</tr>
</tbody>
</table>

*NOTES*

1. **Please ensure the TOTAL NUMBER* of irradiating apparatus and/or electronic products includes any equipment you may have registered for storage only.**

2. If your application concerns Sales and/or Service only, the applicable fee is $190 for 1 year or $380 for 3 years **or from 1 August 2019 $200 for 1 year or $400 for 3 years.**

### TAX INVOICE
FEES ARE GST-FREE

<table>
<thead>
<tr>
<th>TOTAL NUMBER* of Apparatus and Products</th>
<th>1 year registration</th>
<th>3 year registration</th>
<th>GST</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>N/A</td>
<td>$</td>
</tr>
</tbody>
</table>

**Please return the application form WITH the payment. For continuity, a renewal application MUST be received BEFORE the expiry date (section 37(2) of the Radiation Safety Act)**
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>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></td>
<td>$</td>
</tr>
<tr>
<td>☐ Registration</td>
<td>Renewal application for:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>____ ___ / _____ ________</td>
<td></td>
</tr>
<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: ____________________________
WESTERN AUSTRALIA

RADIATION SAFETY ACT 1975

INITIAL APPLICATION FOR REGISTRATION\(^1\) OF PREMISES in which

IRRADIATING APPARATUS and/or ELECTRONIC PRODUCTS
operated or used therein

Complete BOTH this application and the supplementary form. Return both signed forms with the fee (see Note (c)). Where space is insufficient for any item, attach additional signed sheets.

1. Name and Mailing Address of the Applicant. (See Note (a)). Renewal notices will be sent to this address

   Tel

   Fax

   e-mail

2. Location of the Premises Subject to Registration

3. Type(s) of irradiating apparatus and/or electronic products to be operated or used on the premises

   X-ray

   Laser

   Transilluminator

   Other \( \rightarrow \) Describe other

4. Particulars of the Irradiating Apparatus and/or Electronic Products.

   Please complete all details on the SUPPLEMENTARY form.

5. Purpose(s) for which the irradiating apparatus and/or electronic products are to be used:

   Please complete all details on the SUPPLEMENTARY form.

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 the irradiating apparatus and/or electronic products.

   Please complete the details on the SUPPLEMENTARY form.

8. Radiation monitoring instruments available on the premises. (Irradiating apparatus only)

9. Arrangements made for radiation monitoring of personnel. (Name of service provider) (Irradiating apparatus only)

NOTES:

a) 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.

b) 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 (irradiating apparatus only).

c) The fee schedule and payment form are attached. (Exemptions from Registration are exempt from fees).

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

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

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

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

NAME of Applicant (See Note a) __________________________________________

POSITION of Applicant ___________________________________________________

SIGNATURE of Applicant __________________________________ Date ______________

Office use: Fee Paid _______ Receipt No _______ Period _______ Date _______

\(^1\) and/or Exemption from Registration FORM RS13 June 2019
**SUPPLEMENTARY FORM**

Copy this form if space is insufficient or provide a separate list

DETAILS of IRRADIATING APPARATUS\(^a\) and/or ELECTRONIC PRODUCTS\(^b\)

<table>
<thead>
<tr>
<th>MANUFACTURER</th>
<th>MODEL</th>
<th>SERIAL NUMBER (control)</th>
<th>OUTPUT (see Item c)</th>
<th>PURPOSE (see Item d)</th>
<th>LOCATION ON PREMISES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^a\) X-ray and other equipment intended to produce ionising radiation by electrical means

\(^b\) Prescribed electronic products include Class 4 lasers, Class 3B lasers with an average output power greater than 5 mW, single pulsed Class 3B lasers and UV emitting transilluminators.

Ultrasound devices are not prescribed under the Act and do not have to be registered.

\(^c\) For x-ray equipment, state the maximum rated kilovoltage (kVp) and milliamperage (mA).

For electronic products, state the output power and wavelength (or frequency)

\(^d\) For dental x-ray equipment, state whether intraoral, panoramic, cephalometric.

For medical, state whether mobile or fixed radiography or fluoroscopy, CT, mammography, DSA, superficial radiotherapy, etc.

For non-medical, state whether x-ray analysis, industrial radiography, cabinet x-ray, etc.

For lasers, state whether surgical, ophthalmic, industrial, entertainment, etc.

DETAILS of PERSONS using or operating the APPARATUS or PRODUCTS

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>OTHER NAMES</th>
<th>TITLE</th>
<th>QUALIFICATIONS RELEVANT TO THIS APPLICATION</th>
<th>LICENCE OR EXEMPTION NUMBER (WHERE APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FORM RS13 SUPPLEMENTARY