## Radiation Safety Act of Western Australia Application for a licence under the Mutual Recognition Act

This application is for individuals applying under the Mutual Recognition Act for a licence required by the Radiation Safety Act, Western Australia.

The following information must be supplied with supporting documents (i.e. original certified copy of current licence and conditions OR if licence is only issued in an electronic format; printed copy of licence and conditions) and a statutory declaration completed in order to satisfy the legal requirements imposed by the Mutual Recognition Act.

(i) List each current licence held under a radiation control act in an Australian state or territory other than WA, detailing state or territory, purpose of licence, licence number, expiry date and any special conditions to which the licence is subject.

State or Territory	Purpose of Licence	Licence Number	Expiry Date	Special Conditions

(iii) Are you are subject to any action that might lead to disciplinary proceedings?

(iv) Do you consent to the making of enquiries of the authorities in any of the above states regarding matters relevant to this application? **Yes/No** 

**NOTE:** Please be aware that this is a requirement under the Mutual Recognition Act and failure to give consent will mean that this application cannot be considered.

Please ensure that the statutory declaration on the reverse of this form is signed.

## **Statutory Declaration**

<u> </u>			
		Name of declarant in f	ull
		Address	
declare that th	ne information giver	n overleaf is true an	d correct.
Declared at			
This	day of		20
Signature of d	eclarant		
before me			
	Justice of th Commissioner for L		
	(*Strike out w	vhichever is inapplicable	)

**Please note** that any accompanying documents must be certified as being a complete and accurate copy of the original.

If you have any queries about any of these matters please contact Radiation Health on (08) 9222 0888 or Email: <a href="mailto:radiation.health@health.wa.gov.au">radiation.health@health.wa.gov.au</a>.

Return the completed form and supporting documents to:

The Secretary
Radiological Council
Locked Bag 2006
PO NEDLANDS WA 6009