



RADIATION SAFETY ACT

APPLICATION FOR A TEMPORARY PERMIT (LICENCE)

- The application must be signed personally, not by an agent.
- Licences (and exemptions from licence) are personal and cannot be transferred to another person.
- For additional assistance, call (08) 9222 0888.

Industrial Radiography applicants only: the Regulations require two (2) recent passport sized photographs of yourself, signed and dated on the reverse.

Failure to Renew a Temporary Permit

A temporary permit, when approved, is valid for 3 months. Should it be necessary to extend the permit, a further application should be made a minimum of 14 days before the expiry date. Your permit is invalid if the 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.



RADIATION SAFETY ACT 1975 FEE SCHEDULE – TEMPORARY PERMITS

The following fees are payable for any period up to and including 3 months, the maximum permitted for a Temporary Permit.

1. **For a Permit which in effect replaces a Licence**, the fee is \$55.
2. **For a Permit which in effect replaces a Registration** (i.e. approval is requested to possess, use, store or otherwise deal with an unregistered irradiating apparatus, electronic product or device containing a radioactive substance, the fees are —

Irradiating Apparatus and/or Electronic Products	Radioactive Substances	Fee
2 or less	40 Gigabecquerels	\$130
3 to 5	400 Gigabecquerels	\$260
6 to 10	4 Terabecquerels	\$520
11 or more	> 4 Terabecquerels	\$800

3. **Where a Permit combines approval** for an individual (see 1) plus specific irradiating apparatus, electronic products or devices containing radioactive substances (see 2), the higher fee alone is applicable.

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*.

PERMIT FOR AN INDIVIDUAL

(Determine the fee from item 1 above)

	FEE	TOTAL (\$)
Temporary Permit for Individual		

PERMIT FOR DEVICES, SUBSTANCES AND PREMISES

(Determine the fee from item 2 above)

MAXIMUM ACTIVITY OR NUMBER OF APPARATUS/DEVICES	FEE (\$)	TOTAL (\$)
GBq/TBq/Number (cross out inapplicable terms)		



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.

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

For assistance please call +61 8 9222 0888.

Retain a copy of this page for your own records

Name of applicant			
Mailing address for receipt	<input type="checkbox"/> Same as application; or <input type="checkbox"/> As provided below		
	Suburb:	State:	Postcode:
	Country (if not Australia):		

Application type (select one)	Licence or registration number (or indicate if new application)	Fee to be paid (calculate from tax invoice page)
<input type="checkbox"/> Licence <input type="checkbox"/> Registration <input type="checkbox"/> Temporary Permit	<input type="checkbox"/> Renewal application for: ____ / ____ <input type="checkbox"/> New application	\$

<input type="checkbox"/> Cheque enclosed	Make cheques payable to the <i>Radiological Council</i> .
Cheque number: _____ Financial institution / bank: _____	

OR

<input type="checkbox"/> Charge my Visa or MasterCard	Emailing credit card details is not recommended; for payment over the phone please select an option below.																		
<input type="checkbox"/> Phone payment	<input type="checkbox"/> I will call your office to provide credit card details																		
	<input type="checkbox"/> Please call me for payment Contact number: _____																		
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)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Credit card number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		

OFFICE USE ONLY – PHONE PAYMENT

Name of caller: _____ Date: _____

Officer taking payment (name and signature): _____

RADIATION SAFETY ACT 1975

APPLICATION FOR TEMPORARY PERMIT (L)

to operate, use, or otherwise deal with

IRRADIATING APPARATUS ☐RADIOACTIVE SUBSTANCES ☐ELECTRONIC PRODUCTS ☐

Please tick the relevant box(es)

Please PRINT or TYPE.

1. Applicant Information.

Last Name

First Name

Next Initial

Title

Mailing Address

Postcode

Tel

Mobile

Fax

e-mail

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 substances, apparatus or products referred to in Item 5. Attach copies of any documents which support the application:

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

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

- 6. Location(s)** at which it is intended to use or otherwise deal with the substances, apparatus or products referred to above:

ENQUIRIES: Phone 08 9222 0888 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**Office Use
Only

Fee Paid

Receipt No

Period

months

Date

TP No

Sequence Number