



RADIATION SAFETY ACT

APPLICATION FOR A TEMPORARY PERMIT (REGISTRATION)

An application form is enclosed for a temporary permit for registration of premises and –

- radioactive substances, or
- 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 radiation is to be used as well as the types, form and quantities of the radioactive substances, irradiating apparatus or electronic products that are to be used or kept on those premises or at field sites. The applicant must provide an inventory on the supplementary form of all substances, apparatus or products, as well as the names, qualifications and relevant training of persons who will be using them.

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.***

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.

If further assistance is required, please telephone (08) 9222 0888.



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 \$50.
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	\$125
3 to 5	400 Gigabecquerels	\$245
6 to 10	4 Terabecquerels	\$490
11 or more	> 4 Terabecquerels	\$730

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 <i>(cross out inapplicable terms)</i>		



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	\$

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; for payment over the phone please select an option below.

Phone payment I will call your office to provide credit card details

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)

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Credit card number:

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OFFICE USE ONLY – PHONE PAYMENT

Name of caller: _____ Date: _____

Officer taking payment (name and signature): _____

RADIATION SAFETY ACT 1975

APPLICATION FOR TEMPORARY PERMIT (R)

to manufacture, possess, store or otherwise deal with

IRRADIATING APPARATUS

RADIOACTIVE SUBSTANCES

ELECTRONIC PRODUCTS

Please tick the relevant box(es) Please PRINT or TYPE.

Complete BOTH this application and the supplementary form. Return both signed forms with the fee (see Note (c)).

1. Name and Mailing Address of the Applicant. (See Note (a)).

Tel

ACN

e-mail

2. Location of the Premises to be subject to the Permit

3. Particulars of the Radioactive Substances, Irradiating Apparatus, Electronic Products which are the subject of the application:

Provide full details in a signed attachment

4. Purpose(s) for which the substances, apparatus or electronic products are to be used:

5. 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.

6. Names, qualifications and experience of persons licensed or otherwise authorised to operate or use substances, irradiating apparatus or electronic products:

Provide full details in a signed attachment

7. Radiation monitoring instruments available on the premises:

8. Arrangements made for personal radiation monitoring (name of service provider):

NOTES:

- a) For businesses, companies or other organisations, include the title of the responsible person. 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.
- c) The fee schedule and payment form are attached.

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)

This application cannot be processed without being signed by the person in whose name the premises are to be registered. The responsibilities of that person (and the RSO) are set out in the Act and the regulations.

NAME of Applicant _____

POSITION of Applicant _____

SIGNATURE of Applicant _____

Date _____

Office use: Fee Paid Receipt No Period Date

RADIATION SAFETY ACT 1975

APPLICATION FOR TEMPORARY PERMIT (R)

Please complete either Section A, B or C (as relevant to your application) and Section D

SECTION A If the application is for **RADIOACTIVE SUBSTANCES** please complete this section **AND** Section D

Nuclide eg 60Co	Activity	Form (sealed, unsealed)	Intended Use	If enclosed in a Device —		
				Manufacturer	Model	Serial No.

SECTION B If the application is for **IRRADIATING APPARATUS** please complete this section **AND** Section D

Manufacturer	Model	Serial No. (control)	Purpose	Max kVp	Max mA

SECTION C If the application is for **ELECTRONIC PRODUCTS** please complete this section **AND** Section D

Manufacturer	Model	Serial No. (control)	Purpose	Max Output Power	Wavelength(s)

SECTION D NAMES, QUALIFICATIONS and EXPERIENCE of persons licensed or otherwise authorised to operate or use the substances, irradiating apparatus or electronic products

Last name	First name	Title	Qualifications relevant to this application	Licence Number (where applicable)