

*Radiation Protection Act 2005*

**Form RPA0003-Company:**

## **APPLICATION FOR LICENCE**

## **TO DEAL WITH**

## **RADIOACTIVE MATERIAL – SEALED & UNSEALED**

### **(Partnership or Company)**

SECTION 1: INFORMATION ABOUT THE APPLICANT & PURPOSE OF THE APPLICATION

SECTION 2: INFORMATION ABOUT THE RADIOACTIVE MATERIAL (SEALED & UNSEALED)

SECTION 3: INFORMATION ABOUT EACH PERSON

SECTION 4: AGREEMENT & AUTHORISATION

SECTION 5: FEE CALCULATOR

Please refer to 'Radiation Licence Information for Applicants' for further information on licensing.  
This information can also be accessed at [http://www.dhhs.tas.gov.au/peh/radiation\\_protection](http://www.dhhs.tas.gov.au/peh/radiation_protection)

## INFORMATION ABOUT COMPLETING THE APPLICATION

This form can be used:

- by individuals or organisations when the company, body corporate or partnership is to be legally responsible for the licence, eg veterinary practice, private hospital, mining company, university.

If you intend to do any or all of the following, then you are **'dealing with radioactive material'** and require a licence: **acquire, possess, store, use, manufacture, sell, install, service, repair, dispose of.**

1 The application must be in writing and an invoice for the prescribed application fee of \$161.57 (this fee is non-refundable) will be issued on receipt of your application.

2 The completed application should be returned by:

Email: [radiation.protection@dhhs.tas.gov.au](mailto:radiation.protection@dhhs.tas.gov.au), or

Fax: **03 6222 7257**, or

Post: **Radiation Protection Unit  
Department of Health & Human Services  
GPO Box 125  
HOBART TAS 7001**

**Only return relevant, completed pages**

3 During the application process, the Director of Public Health may consult with the applicant and may, at any time, request further information to be provided within a specified period.

4 Where all relevant information is provided with the application and the application fee has been paid, the Director of Public Health will generally make a decision within 90 days from receipt of the application.

5 When returning the application, please ensure that all relevant information has been provided (refer to the checklist of attachments in Section 4).

**Incomplete applications will cause delays**

6 Please note that if your application for a licence is successful, a separate invoice will be issued, and once payment is received, a licence document will be issued.  
Section 5 of this form explains how your licence fee is calculated.  
Licences are issued annually and expire on 31 August each year. The fee for a new licence is calculated pro rata on a daily basis, from the date on which the application is determined.

7 Any dealing with a radiation source without a licence may be an offence under the *Radiation Protection Act 2005*.

8 You are required to advise the Department of Health & Human Services as soon as possible of any changes to the information provided in this application.

9 If you have any questions about the application, or the licensing requirements generally, please contact the Radiation Protection Unit on (03) 6166 7256 or [radiation.protection@dhhs.tas.gov.au](mailto:radiation.protection@dhhs.tas.gov.au)

**SECTION I: INFORMATION ABOUT THE APPLICANT & PURPOSE OF THE APPLICATION**

**PLEASE PRINT**

**I The Applicant**

In this application, **the applicant** is the legal entity making application for a licence and includes a partnership and a company. If the application is approved, **the applicant (partnership or company)** will be the licence holder.

Full name of <b>partnership or company</b> applying for the licence
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Trading name (if applicable)
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ABN	ACN
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Where the applicant is a <b>partnership</b> , provide the names of all partners (see also Question 3a)
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Where the applicant is a <b>company</b> , provide the names of all directors and any other persons concerned with the management of the company (see also Question 3a)
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*Please note the legal obligations/liabilities of the above people in Sections 78 & 79 of the Radiation Protection Act 2005*

Name and address of parent organisation, if applicable
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**2 Business address** *Note: The full and correct physical address of the practice location is required*

Street address		
Town/suburb	State	Postcode

**3 Business contact details**

Postal address (if different from above)		
Town/suburb	State	Postcode

Address and name of person for <b>invoice/receipt</b> (if different from above)		
Town/suburb	State	Postcode

Phone	Fax
Mobile	Email

Full name of contact person for application queries	
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Phone	Email
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**3a Person authorised to sign**

Full name & job title of person authorised to sign on behalf of the partnership or company	
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Phone	Email
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**4 Purpose**

Description of purpose for which a licence for a radiation source(s) is required
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## 5 Radiation Safety Officer

Name(s) of nominated Radiation Safety Officer(s) and any Deputy - see duties of Radiation Safety Officer in Regulation 8 (3) of *Radiation Protection Regulations 2006*

## 6 Type of radiation practice

### Tick one or more of these

- Irradiation of persons
- Irradiation of animals
- Other (e.g. irradiation of inanimate objects, sell, service, repair, install)

### AND one or more of these

- Diagnostic
- Research
- Therapy
- Education
- Industry

## 7 Indicate all licence dealings necessary for this radiation practice

Tick appropriate box – may be more than one

- |  |                                      |                                    |   |
|--|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Possess*              | <input type="checkbox"/> Store       | <input type="checkbox"/> Use*      | <input type="checkbox"/> Acquire                |
| <input type="checkbox"/> Sell (as a supplier)* | <input type="checkbox"/> Service     | <input type="checkbox"/> Repair    | <input type="checkbox"/> Install                |
| <input type="checkbox"/> Manufacture           | <input type="checkbox"/> Dispose of* | <input type="checkbox"/> Transport | <input type="checkbox"/> Other (please specify) |

\*Possess Includes having the radiation source under control in any place, whether or not another person has the physical custody of the radiation source.

**Note: A Radiation Management Plan must be submitted with an application for a licence to possess. See 'Radiation Licence Information for Applicants'.**

\*Use

Includes –

- (a) use radiation emitted from the radiation source; and
- (b) if the radiation source is radioactive material, administer to, or inject or implant the material into, a person, animal, plant or thing; and
- (c) cause the radiation source to emit radiation.

**Note: A current Certificate of Compliance is required for each source. See 'Radiation Licence Information for Applicants'.**

\*Sell (as a supplier) Includes:

- (a) auction, exchange or supply; and
- (b) keep, expose, supply or receive for sale; and
- (c) send or deliver for sale; and
- (d) cause or permit the doing of an act mentioned above in point (a), (b) or (c); and
- (e) offer or attempt to do an act mentioned above in point (a), (b) or (c); and
- (f) offer or attempt to sell; and
- (g) cause or permit to be sold.

\*Dispose of Includes bury, hire out, lease, transfer the ownership or custody of and transfer the responsibility for the source.

## SECTION 2: INFORMATION ABOUT THE RADIOACTIVE MATERIAL

Complete separate pages for each item

**8 TRANSPORT** If your application is **ONLY** to transport radioactive material, tick package type(s) and go to Question 15

- Excepted
  Type A
  Type B
  Industrial  
 Other (please specify)

### COMPLETE QUESTIONS 9 to 14 FOR DEALINGS OTHER THAN TRANSPORT

For 'sell, repair, service and/or install', provide the information marked \*, and Questions 11 & 13 overleaf

#### 9 Radioactive Material

Isotope *	
Maximum activity *	
Date activity measured	
Form of material (sealed or unsealed) *	
Source manufacturer *	
Date of first issue of source	
Product code *	

**10 For SEALED radioactive materials, provide the following details and also attach a copy of the radioactive source certificate**

Physical & chemical composition of the isotope *	
Serial number of source encapsulation	
Type of source encapsulation *	
Special Form Certificate number *	
Type of equipment employing sealed source * (refer to Table A below)	
Equipment manufacturer *	
Model of equipment *	
Manufacture date of equipment	
Serial number of equipment	
Tasmanian certificate of compliance number (source must have a current certificate of compliance to be used)	

Table A: Type of equipment employing radioactive material

Beta gauge	Portable mass gauge	Nuclear medicine assay/imaging/therapy
Density gauge	Mobile bore hole logging	Check source
Level gauge	Ion chamber smoke detector	Spot marker
On stream analysis probe	Static eliminator	Gamma irradiator
Belt mineral analyser	Mobile industrial radiography	Electron microscope
Bench top analyser	HDR brachytherapy afterloader	Scintillation counter
Mobile soil density & moisture gauge	LDR brachytherapy seed applicator	Microsphere injector
Mobile moisture profiler	Applicator	Gas chromatograph Ni-63 source
		Other (specify)

## 11 For UNSEALED radioactive materials

Tick appropriate box

- Liquid                       Gas                       Aerosol                       Solid

## 12 Acquisition details

Proposed acquisition date	
Supplier of equipment	
Supplier's Tasmanian radiation licence number	
Supplier of source	
Supplier's Tasmanian radiation licence number	
Service arrangements (if applicable)	

## 13 Registered place in Tasmania for radioactive material

**If the place in Tasmania is to be utilised for the storage/use of the radioactive material has not already been registered for that purpose, then you will be required to complete an 'Application for Registration of a Place' and pay the prescribed fee, before the place is to be used for this purpose. "Bench top analysers", "Gas Chromatograph Ni-63 sources" and "Ion chamber smoke detectors" are exempt from this requirement.**

Premises identification (location name or room number as per building plan or indicate "Various" if applicable – e.g. for service, repair, install)

Street address

Town/suburb

Postcode

Certificate of Registration number for this place (if available)                      AP /

## 14 Disposal details

Proposed method of disposal Tick appropriate box or boxes and provide attachment or details

For **sealed** sources:  I have attached a copy of the return to manufacturer agreement

For **unsealed** radioactive materials, I provide the following details of the intended disposal pathway(s), including quantities eg Bq/specified time period:

- discharge to sewer, namely.....
- loss to environment, namely.....
- disposal to landfill, namely.....
- other, namely.....

Blank page – to assist separate printing of Section 3 for each person



**SECTION 3: INFORMATION ABOUT A PERSON**  
(which may include the person named in Question 3a)

Each person must complete Section 3 (Questions 15 - 21) **PLEASE PRINT**

**15 Your details**

Title (Mr, Mrs, Dr)	Given name(s)	Surname
Date of birth	Sex	M / F
Job title		
Business phone	Business fax	
Business mobile	Business email	

**16 Category** Note: This is the category of person used for licensing purposes Tick appropriate box (or boxes if you are also the RSO)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Diagnostic Radiographer*       | <input type="checkbox"/> Nurse*                                 | <input type="checkbox"/> Service Technician            |
| <input type="checkbox"/> Radiation Therapist*           | <input type="checkbox"/> Veterinarian**                         | <input type="checkbox"/> Sales Person                  |
| <input type="checkbox"/> Nuclear Medicine Technologist* | <input type="checkbox"/> Research Scientist                     | <input type="checkbox"/> Specialist Registrar          |
| <input type="checkbox"/> Nuclear Medicine Physician*    | <input type="checkbox"/> Industrial Operator                    | <input type="checkbox"/> Manager/General Manager       |
| <input type="checkbox"/> Medical Physicist              | <input type="checkbox"/> Specialist Operator                    | <input type="checkbox"/> Executive Officer             |
| <input type="checkbox"/> Radiologist*                   | <input type="checkbox"/> Soil Density & Moisture Gauge Operator | <input type="checkbox"/> Courier                       |
| <input type="checkbox"/> Radiation Oncologist*          |   |  |
| <input type="checkbox"/> Medical Specialist*            |   | PLUS <input type="checkbox"/> Radiation Safety Officer |

\* Must be registered with the Australian Health Practitioner Regulation Agency (AHPRA)

\*\* Must be registered with the Veterinary Board of Tasmania

**17 (a) YOUR intended dealing(s) with the radioactive material** Tick appropriate box or boxes

- |   |                                     |                                    |   |
|---|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Possess              | <input type="checkbox"/> Store      | <input type="checkbox"/> Use       | <input type="checkbox"/> Acquire                |
| <input type="checkbox"/> Sell (as a supplier) | <input type="checkbox"/> Service    | <input type="checkbox"/> Repair    | <input type="checkbox"/> Install                |
| <input type="checkbox"/> Manufacture          | <input type="checkbox"/> Dispose of | <input type="checkbox"/> Transport | <input type="checkbox"/> Other (please specify) |

**(b) If you have ticked 'use' above, what are you going to 'use' the radioactive material on?** Tick appropriate box or boxes

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Humans  | <input type="checkbox"/> Inanimate objects – scientific or industrial practices |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Inanimate objects – operational checks                 |

**(c) What level of responsibility for the radioactive material will you have?**

Tick appropriate box or boxes

- Work on or with an exposed source, eg: industrial, radiography, HDR brachytherapy, checking Sr-90 applicators, and work with unsealed radioactive materials
- Wipe testing of a sealed source container
- Operate the shutter of a sealed source container

**(d) Which radiation sources and/or type of equipment employing radioactive material will you be dealing with?** Tick appropriate box or boxes

<input type="checkbox"/> Unsealed radiation sources (name the isotopes)		
<b>AND/OR equipment</b>		
<input type="checkbox"/> Beta gauge	<input type="checkbox"/> Portable mass gauge	<input type="checkbox"/> Nuclear medicine assay/imaging/therapy
<input type="checkbox"/> Density gauge	<input type="checkbox"/> Mobile bore hole logging	<input type="checkbox"/> Check source
<input type="checkbox"/> Level gauge	<input type="checkbox"/> Ion chamber smoke detector	<input type="checkbox"/> Spot marker
<input type="checkbox"/> On stream analysis probe	<input type="checkbox"/> Static eliminator	<input type="checkbox"/> Gamma irradiator
<input type="checkbox"/> Belt mineral analyser	<input type="checkbox"/> Mobile industrial radiography	<input type="checkbox"/> Electron microscope
<input type="checkbox"/> Bench top analyser	<input type="checkbox"/> HDR brachytherapy afterloader	<input type="checkbox"/> Scintillation counter
<input type="checkbox"/> Mobile soil density & moisture gauge	<input type="checkbox"/> LDR brachytherapy seed applicator	<input type="checkbox"/> Microsphere injector
<input type="checkbox"/> Mobile moisture profiler	<input type="checkbox"/> Applicator	<input type="checkbox"/> Gas chromatograph Ni-63 source
		<input type="checkbox"/> Other (specify)

## 18 Professional registration – qualifications - training

Current professional registration certificate – **if you are a member of a registered profession (e.g. AHPRA) you must attach evidence of your current registration before your application can be considered**

Tick appropriate box or boxes **and attach evidence for each**

- |  |   |
|--|---|
| <input type="checkbox"/> Tertiary qualification(s)                   | <input type="checkbox"/> Radiation protection training course certificate     |
| <input type="checkbox"/> Current professional membership certificate | <input type="checkbox"/> Radiation Safety Officer training course certificate |
| <input type="checkbox"/> Current accreditation certificate           | <input type="checkbox"/> Other (please specify)                               |

## 19 Experience *Tick appropriate boxes*

Have you ever performed the intended dealing/work with the type(s) of radioactive material(s) you are applying to deal with?  Yes  No

If yes, was that in the last three years?  Yes  No

If yes to either or both questions, state the type(s) of radioactive materials(s), when and where

What experience do you have in radiation protection relevant to your proposed dealing(s)?

If you hold or have previously held a licence to deal with radioactive material, indicate when and where  
**Please attach a copy of any current radiation licence(s)**

## 20 Probity – convictions/deregistration

Have you in relation to any dealing with a radiation source or a dangerous good, whether in Tasmania or elsewhere

- |   |  |
|---|--|
| a) been convicted of an offence, or   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) had revoked any licence, registration, accreditation or other authorisation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**If the answer is “yes” to either of the above, attach details of the circumstances and reasons why there is no cause to reject your application.**

## 21 DECLARATION - by the same person as named in Question 15

I declare that the information I have provided in Questions 15 to 20 above and in support of my responses above is complete and true. I understand that giving false or misleading information is a serious offence under the *Radiation Protection Act 2005*.

I accept that the Director of Public Health may obtain a report from the Commissioner of Police or a government department, statutory authority or agency in order to determine this application.

I have read the Personal Information Statement below and consent to the Department of Health and Human Services collecting, using and disclosing my personal information in order to assess this application and for other purposes permitted under the *Radiation Protection Act 2005*.

Name (please print)

Signature

Date

### Personal Information Statement

Your personal information is collected in connection with an application for a licence under s 20 of the *Radiation Protection Act 2005* and will be used by the Director of Public Health or his delegate and the Department of Health & Human Services for the purpose of managing, assessing, advising upon and determining the relevant application and may be used for other purposes permitted by the *Radiation Protection Act 2005*. Failure to provide the information may result in the application being delayed or not being considered. The information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the Department, the Radiation Advisory Council, regulatory authorities in other jurisdictions, law enforcement agencies, courts and other organisations authorised to collect it. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to the Director of Public Health. You may be charged a fee for this service.

## SECTION 4: AGREEMENT & AUTHORISATION

This section to be completed by the person named in Question 3a as being authorised to sign on behalf of the partnership or company, named in Question 1

### 22 Probity

To the best of the applicant's knowledge, have any of the following been convicted of an offence, or had revoked any licence, registration, accreditation or other authorisation, relating to any dealing with a radiation source or a dangerous good, whether in Tasmania or elsewhere? If so, provide details of the circumstances and reasons why there is no cause to reject the applicant's application.

Any of the directors or partners	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach details)
Any of the other persons, with responsibility for the licence, named in Question 1	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach details)
Do you wish to declare any other matters relevant to the determination of this application?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach details)

### 23 DECLARATION

I,	(please print full name)
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- hereby declare that the information provided in this application and in support of this application is to the best of my knowledge complete and true in every particular;
- understand that giving false or misleading formation is a serious offence under the *Radiation Protection Act 2005*;
- hereby declare that I, and where applicable, each director, or other person concerned with the management of the company, or each partner, knows and accepts that the Director of Public Health may obtain a report from the Commissioner of Police or a government department, statutory authority or agency in order to determine this application; and
- authorise the Director of Public Health to disclose information in relation to this application for the purposes of enabling the Director of Public Health to confirm the information provided in this application and in support of this application.

Signature	Date
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#### Checklist of Attachments

- Radiation Management Plan, if application includes 'to possess' radioactive material
- Separate pages for each item (radiation source)
- For a sealed source, a copy of the radioactive source certificate
- For a sealed source, a copy of the disposal agreement (often a return to manufacturer agreement)
- When applicable, a current Tasmanian Certificate(s) of Compliance for all sources to be used (unless previously provided to the Director of Public Health). Can be submitted when the radioactive material is installed.
- When applicable, a completed application form for registration of a place (if the place does not already have a certificate of registration)
- Separate pages for each person proposing to deal with the radioactive material
- Copies of professional registration, qualifications, professional memberships, etc for each person named in Section 3 proposing to deal with the radioactive material
- Details relating to probity – convictions/deregistration, if required

## SECTION 5: FEE CALCULATOR

Type of fee	Amount (\$) 2015/2016 <sup>1</sup>
Application for <b>licence</b>	\$161.57 payable only once for the first application and not on subsequent renewals of the licence
Application to <b>amend</b> an authority	\$77.01
Application to <b>amend</b> or substitute an approved radiation management plan	\$77.01
<b>Licence</b> <sup>2</sup> to use a sealed source	\$161.57
<b>Licence</b> to possess and use <b>1</b> sealed radiation source	\$259.72
<b>Licence</b> to possess and use <b>2</b> sealed radiation sources	\$360.89
<b>Licence</b> to possess and use <b>3</b> sealed radiation sources	\$619.10
<b>Licence</b> to possess and use <b>4</b> sealed radiation sources	\$709.70
<b>Licence</b> to possess and use <b>5</b> sealed radiation sources	\$969.42
<b>Licence</b> to possess and use more than <b>5</b> sealed radiation sources	\$178.18 times the number of sealed sources
Additional annual fee for <b>licence</b> to possess and store but not use radioactive material (applies when some sources are in use and some are 'store only')	\$40.77 for each radiation source in storage plus applicable annual licence fee for possess and use
<b>Licence</b> fee to possess, store and use radioactive material for the purpose of nuclear medicine	\$1935.82
<b>Licence</b> to possess but not store or use radioactive material	\$161.57 plus \$40.77 for each item
<b>Licence</b> to sell, repair, service or install sealed radiation source:	
Authorising <b>1</b> to <b>5</b> people	\$259.72
Authorising <b>6</b> to <b>10</b> people	\$360.89
Authorising <b>more than 10</b> people	\$516.42
<b>Licence</b> to possess and store but not use radioactive material (applies when <i>all</i> radioactive material is 'store only')	\$161.57 plus \$40.77 for each item
<b>Licence</b> to possess, store and use radioactive material that is not sealed for the purpose of research, teaching or pathology	\$206.87 for each place where radioactive material is stored or used for which a certificate of registration is in effect
<b>Licence</b> to sell radiation source	\$161.57
<b>Licence</b> to transport radioactive material as a commercial operation	\$259.72
<b>Licence</b> to dispose of radioactive material as a commercial operation	\$259.72
<b>Certificate of registration</b> for a radiation place	\$259.72
<b>Certificate of accreditation</b> authorising holder to test radiation source for the purpose of issuing certificate of compliance for radiation source	\$154.02 for 1 year \$271.80 for 2 years \$377.50 for 3 years
<b>Certificate of accreditation</b> authorising holder to issue certificate of compliance for radiation place	\$154.02 for 1 year \$271.80 for 2 years \$377.50 for 3 years
<b>Replacement</b> of an authority	\$90.60

<sup>1</sup> All fees are calculated using a fee unit of \$1.51 (supplied by Department of Treasury and Finance for 2015/2016 financial year).

<sup>2</sup> All licence fees are payable annually.