

Radiation Protection Act 2005

Form RPA0101:

APPLICATION FOR CERTIFICATE OF REGISTRATION FOR A RADIATION PLACE

OR

APPLICATION FOR AMENDMENT OF A CERTIFICATE OF REGISTRATION FOR A RADIATION PLACE

SECTION 1: INFORMATION ABOUT THE APPLICANT

SECTION 2: INFORMATION ABOUT THE RADIATION PLACE

SECTION 3: AGREEMENT & AUTHORISATION

Please refer to “Information about Certificates of Registration for Places” for further information on registration.
This information can also be accessed at www.dhhs.tas.gov.au/publichealth/radiation

INFORMATION ABOUT COMPLETING THE APPLICATION

This form is to be used by the occupier¹ of a place²:

- when the place in which a radiation source is to be stored and/or used has not previously been registered;
- or
- when changes are planned either to the structure of a currently registered place or to the type or quantity of radiation source stored and/or used in the place.

The place should already have a certificate of compliance showing that it complies with the relevant standard for compliance. A certificate of compliance can be issued by a suitably accredited person. Contact the Radiation Protection Unit if in doubt.

1 The application must be in writing and an invoice for the prescribed fee of \$315.18 for a new place, or \$78.03 for a change to a currently registered place, will be issued on receipt of your application. This fee is refundable if your application is not successful.

2 The completed application should be returned by:

Email: 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 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:

- a) all relevant information has been provided;
- b) copies of required documents are attached; and
- c) the application form has been signed.

Incomplete applications will cause delays

6 If you have any questions about the application, or the application process, please contact the Radiation Protection Unit on (03) 6166 7256 or radiation.protection@dhhs.tas.gov.au

¹ "Occupier," in relation to a place, means –

- a) the person in occupation or control of the place; or
- b) if the place has different parts occupied or controlled by different persons, the person in occupation or control of the part concerned.

² "Place" includes vacant land, premises and a vehicle.

SECTION I: INFORMATION ABOUT THE APPLICANT

I Applicant (the occupier of the place to be registered)

Where the applicant is an **individual**, provide the following details

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

or

Where the applicant is a **partnership or company**, provide the full name of the **partnership or company** applying for the certificate of registration

Full name of partnership or company applying for the licence

Trading name (if applicable)

ABN	ACN
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Where the applicant is a partnership , provide the names of all partners (see also Question 2a)
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Where the applicant is a company , provide the names of all directors and any other persons concerned with the management of the company (see also Question 2a)
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Please note the legal obligations/liabilities of the above people in Sections 78 & 79 of the Radiation Protection Act 2005

2 Business contact details

Postal address

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

Town/suburb	State	Postcode
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Phone
Mobile

Fax
Email

Full name of contact person for application queries (if different from person named in Question 1)

Phone

Email

2a Person authorised to sign

Full name & job title of person authorised to sign on behalf of the partnership or company

Phone

Email

SECTION 2: INFORMATION ABOUT THE RADIATION PLACE

3 Details of Place to be Registered (as per Certificate of Compliance for the Place)

Street address	
Town/suburb	Postcode

Identification of location(s) or room(s) (as per building or site plan) in which radiation sources are to be stored and/or used

(NB: a copy of the building/facility/site plans must be submitted with this application)

Current Certificate of Registration number for the place (if applicable)
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AP/

4 Name of accredited person who issued the certificate of compliance for this radiation place
(please print)

Title (Mr, Mrs, Dr)	Given name(s)	Surname
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Accreditation Number

A

Note: a copy of the certificate of compliance must be attached

5 Radiation Practice to be Conducted in this Place

Please tick appropriate box or boxes to indicate whether the place is a:

- 5a**
- Nuclear medicine facility
 - Low-level laboratory
 - Store for radioactive materials

Or a place that houses the following sources:

5b Ionising radiation apparatus

- Fixed Radiography
- Mobile Radiography
- Fixed Radioscopy
- Mobile Radioscopy
- Mobile Capacitor Discharge
- Mammography
- Computed Tomography
- Hybrid Computed Tomography
- Cone Beam Volume Computed Tomography
- Intra Oral (includes portable apparatus)
- Orthopantomograph (includes panoramic & cephalometric radiography)
- Bone Mineral Densitometer
- X-ray Veterinary
- X-ray Veterinary Dental
- Simulator
- Linear Accelerator
- Superficial X-ray
- X-ray Analysis
- Industrial Radiography
- Gauge
- Enclosed Special
- On Stream Analysis

5c Non-ionising radiation apparatus

- Class 3B laser
- Class 4 laser
- IPL
- Magnetic Resonance Imaging/NMR

5d Radioactive Material

- Applicator
- HDR Brachytherapy after loader
- LDR Brachytherapy seeds applicator
- Belt Mineral Analyser
- Bench Top Analyser
- Gamma Irradiator
- Mobile Bore Hole Logging
- Mobile Industrial Radiography
- Mobile Moisture Profiler
- Mobile Soil Density & Moisture Gauge
- On Stream Analysis Probe
- Static Eliminator
- Static Radiation Gauge (Beta Gauge, Density Gauge or Level Gauge)
- Portable Mass Gauge

SECTION 3: AGREEMENT & AUTHORISATION

6 Probity

Tick appropriate box

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)

7 DECLARATION – by the applicant, or a person authorised to sign on behalf of the applicant (named in Question 2a)

I,	(please print full name)
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holding the position of

Tick appropriate box

applicant, or

person authorised to sign on behalf of the applicant

(please print job title)

- a) 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;
- b) understand that giving false or misleading formation is a serious offence under the *Radiation Protection Act 2005*;
- c) 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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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.

Checklist of Attachments

- Copy of building plans for this place showing the final construction details
- Certificate of compliance for this place