

Department of Health



***Radiation Protection Act 2005***

**APPLICATION FORM RPA0001**

**APPLICATION FOR LICENCE  
TO DEAL WITH A RADIATION SOURCE - X-ray**

SECTION 1: INFORMATION ABOUT THE APPLICANT - Blue pages

SECTION 2: INFORMATION ABOUT THE RADIATION SOURCE - Yellow pages

SECTION 3: INFORMATION ABOUT EACH PERSON - Orange pages

Please refer to 'Radiation Licence Information for Applicants' for further information on licensing.  
This information can be accessed at [www.health.tas.gov.au](http://www.health.tas.gov.au)

This form has been produced for radiation specialists, if you require this form in a different format, please contact  
Radiation Protection on (03) 6166 7256 or [radiation.protection@health.tas.gov.au](mailto:radiation.protection@health.tas.gov.au)

## INFORMATION ABOUT COMPLETING THE APPLICATION

- 1 This form is to be used by a person or other legal entity (**but not a trust**) to apply for a radiation licence.
- 2 In the case of a government department or public hospital, the applicant must be a natural person e.g. CEO, Secretary, or person with appropriate delegation.
- 3 If you intend to do any or all of the following, then you are '**dealing with radiation apparatus**' and require a licence: **acquire, possess, store, use, manufacture, sell, install, service, repair, dispose of.**
- 4 The radiation licence can authorise a number of people and a number of radiation sources (radiation apparatus).
- 5 The completed form should be submitted by email to [radiation.protection@health.tas.gov.au](mailto:radiation.protection@health.tas.gov.au).  
  
Alternatively, if email is not available the form may be posted to: Radiation Protection Unit, Department of Health, GPO Box 125, HOBART TAS 7001
- 6 During the application process, the Director of Public Health may consult with the applicant and may request further information to be provided within a specified period.
- 7 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. Section 4 of this form shows the fees as per the *Radiation Protection Regulations 2016*.
- 8 Any dealing with a radiation source without a licence may be an offence under the *Radiation Protection Act 2005*.
- 9 If you require assistance please contact the Radiation Protection Unit on (03) 6166 7256 or [radiation.protection@health.tas.gov.au](mailto:radiation.protection@health.tas.gov.au)

### Checklist

- Submit a **Radiation Management Plan** if your application includes '**possession**' of radiation apparatus
- Submit separate pages for each radiation apparatus.
- If the **apparatus** has been **previously authorised for use** on a Tasmanian radiation licence, and your application is also for use of the apparatus, submit a copy of the **current Tasmanian Certificate(s) of Compliance** for the apparatus (this should be available from the previous licence holder)
- If the apparatus is to be stored and/or used in a **place** that has been **previously authorised** for the storage and/or use of that type of apparatus, submit a copy of the **Certificate of Registration** for the place (this should be available from the previous licence holder)
- If the apparatus is to be stored and/or used in a **place** that has **not been previously authorised** for the storage and/or use of that type of apparatus, submit an **Application for a Certificate of Registration of a Radiation Place - RPA0101**
- Submit separate pages for each person proposing to deal with the radiation apparatus.
- Submit copies of professional registration, qualifications, professional memberships, etc for each person named in Section 3 proposing to deal with the radiation apparatus

**SECTION 1: INFORMATION ABOUT THE APPLICANT AND PURPOSE OF THE APPLICATION**

**The Applicant**

If the application is approved, the applicant will be the licence holder. Radiation sources and people named in Sections 2 and 3 respectively, if approved, will form part of the licence.

The applicant is:

**(Note Trusts cannot be licensed)**

**1 Full Name of the applicant**

**a) Job Title**

**If applicable: Trading name or Government department & operational unit**

**ABN (if applicable)**

**ACN (if applicable)**

**b) Where the applicant is a partnership**

**Names of all partners**

**c) Where the applicant is a company**

**Names of all directors and any other persons concerned with the management of the company**

**Please note the legal obligations/liabilities of the above people in Sections 78 & 79 of the Radiation Protection Act 2005**

**d) Where the applicant is a company**

**Name and address of parent organisation if applicable**

**e) Where the applicant is a partnership or company**

**Name of person authorised to sign on behalf of the partnership or company**

**Position of person authorised to sign on behalf of the partnership or company**

## 2 Business address

Note: The full and correct physical address of the practice location is required

Number and Street

Town/Suburb

State

Postcode

## 3 Business contact details

Postal address (if different from above)

Town/Suburb

State

Postcode

Phone

Fax

Mobile

email

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

Job title of contact person for application queries (if different from person named in Question 1)

Further details of contact person for application queries (if different from person named in Question 1)

Phone

Fax

email

**4 Purpose** Description of the purpose for which a licence is required

## 5 Radiation Safety Officer

Name(s) of nominated Radiation Safety Officer(s) and any Deputy - see duties of Radiation Safety Officer in Regulation 9 (3) of Radiation Protection Regulations 2016. This nominated person(s) must also complete Section 3 of this application form

## 6 Type of Practice - choose one or more of these

Irradiation of persons

Irradiation of animals

Irradiation of inanimate objects (sell service, repair, install)

Irradiation of inanimate objects (for quality assurance purposes)

Irradiation of inanimate objects (scientific or industrial)

Other

**AND one or more of these**

Diagnostic	Research	Therapy
Dental	Industry	Cosmetic
Surgical	Sell, Service, Repair, Install	Chiropractic
Education	Entertainment	

**7 Indicate all licence dealings necessary for this practice**

Use	Possess	Store
Acquire	Sell (as a supplier only)	Service
Repair	Install	Dispose of
Manufacture		
Other		

**8 DECLARATION and PROBITY**

**PLEASE READ THIS CAREFULLY. IF YOU BELIEVE YOU CANNOT SIGN THIS DECLARATION PLEASE CONTACT THE RADIATION PROTECTION UNIT TO DISCUSS YOUR APPLICATION**

As the applicant named in Question 1, or in the case of a partnership or company being a person authorised to sign on behalf of the partnership or company, I 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.

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

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 **NOT** been convicted of an offence in relation to any dealing with a dangerous good or radiation source.  
I have **NOT** been de-registered or had an accreditation, licence or any other authority cancelled which pertained to dealing with dangerous goods or radiation sources, and in the case of a partnership or company, none of the partners or Directors have been convicted of an offence or been de-registered (as described above).

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*.

**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.

Full Name of individual or a person authorised to sign for a partnership/company  
(named in 1 e above)

Date

By ticking this box I confirm that I have read and understood all the statements above

**SECTION 2: INFORMATION ABOUT THE RADIATION APPARATUS THE APPLICANT IS SEEKING TO HAVE AUTHORISED UNDER THIS LICENCE - IF MORE THAN ONE X-RAY UNIT THEN SUBMIT A SEPARATE 'RPA001 New Licence Add X-ray' FOR EACH ADDITIONAL X-RAY UNIT**

**9 Apparatus**

- Fixed radiography
- Mobile radiography
- Fixed radioscopy
- Mobile radioscopy
- Mobile capacitor discharge
- Mammography
- Computed tomography
- Nuclear Medicine CT
- 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
- Mobile security i.e. portable, battery-powered X-ray units for security purposes
- Baggage i.e. cabinet x-ray equipment for the purpose of examining letters, packages or baggage

Manufacturer

Model

Maximum kV

Maximum mA

Proposed installation date

Supplier's name

Installation engineer's name (Not applicable if the unit plugs into a normal power outlet)

Installation engineer's Tasmanian radiation licence number (Not applicable if the unit plugs into a normal power outlet)

Service arrangements

Tasmanian Certificate of Compliance number if the apparatus is already authorised in Tasmania  
(of the form YYYY-MM-DD-RAIN)

### **10 Premises**

If the apparatus is to be stored and/or used in a currently registered place provide the registration certificate number. The number will be of the form AP###

Specify the room where the apparatus will be stored and/or used

If the apparatus is to be stored and/or used in a new place then you will need to apply to register that place using RPA0101

**SECTION 3: INFORMATION ABOUT THE INDIVIDUAL SEEKING AUTHORISATION UNDER THE LICENCE TO DEAL WITH RADIATION APPARATUS IONISING - IF MORE THAN ONE PERSON SUBMIT A SEPARATE 'RPA001 New Licence Add Person' FOR EACH ADDITIONAL PERSON**

11 Title                                  Given Name(s)                                  Surname

Date of Birth                                  Gender                                  Job Title

Business Phone                                  Business Fax

Business Mobile                                  Business email

**12 Category This is the category of person used for licensing purposes.**

Radiation Safety Officer (if appropriately qualified)

Yes

No

**13 YOUR intended dealing/s with the radiation apparatus**

Use                                  Possess                                  Acquire

Store                                  Repair                                  Install

Sell (as a supplier)                                  Service

Other

**a) If you have ticked 'use' above, what are you going to 'use' the radiation apparatus on?**

Humans

Animals

Inanimate objects – scientific or industrial practices

Inanimate objects – operational checks

**b) What level of responsibility for checking the radiation apparatus will you have?**

Carrying out routine checks and reporting if not satisfactory

Carrying out periodic (calibration) checks and suspending use if not satisfactory

Conducting testing following repairs or maintenance and authorising apparatus for use if the results of testing are satisfactory



**c) Which apparatus will you be dealing with?**

- Fixed radiography
- Mobile radiography
- Fixed radioscopy
- Mobile radioscopy
- Mobile capacitor discharge
- Mammography
- Computed tomography
- Nuclear Medicine 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
- Mobile security i.e. portable, battery-powered X-ray units for security purposes
- Baggage i.e. cabinet x-ray equipment for the purpose of examining letters, packages or baggage
- Other

**14 Qualifications/training. Tick appropriate boxes *and attach evidence for each***

- Degree or Diploma or Certificate
- Current professional registration
- Current professional membership
- Licence, registration, accreditation or similar authorisation to deal with X-ray apparatus
- Radiation Safety Officer
- Radiation Protection

**15 Experience**

- a) I have worked and dealt with X-ray apparatus in the last three (3) years
- b) I have worked with X-ray equipment more than three (3) years ago
- c) I have never worked with X-ray equipment

Depending on your choice above provide details of your

- a) recent work with X-ray apparatus
- b) your past work with X-ray apparatus
- c) reasons as to why you should be authorised to deal with X-ray apparatus

**NOT PROVIDING DETAILS OF EXPERIENCE MAY SLOW DOWN THE APPLICATION ASSESSMENT AS A HEALTH PHYSICIST WILL NEED TO CONTACT YOU TO DISCUSS THE APPLICATION**

## 16 DECLARATION and PROBITY

**PLEASE READ THIS CAREFULLY. IF YOU BELIEVE YOU CANNOT SIGN THIS DECLARATION PLEASE CONTACT THE RADIATION PROTECTION UNIT TO DISCUSS YOUR APPLICATION**

I declare that the information I have provided in this application and in support of this application 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 **NOT** been convicted of an offence in relation to any dealing with a dangerous good or radiation source. I have **NOT** been de-registered or had an accreditation, licence or any other authority cancelled which pertained to dealing with dangerous goods or radiation sources.

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.

### 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.

Full Name

Date

By ticking this box I confirm that I have read and understood all the statements above