

*Radiation Protection Act 2005*

**Form RPA0005-Deletion:**

**APPLICATION FOR AMENDMENT OF LICENCE  
TO DEAL WITH  
RADIATION APPARATUS - NON IONISING  
(Deletion of people and/or apparatus)**

SECTION 1: LICENCE TO WHICH AMENDMENT RELATES - Blue page

SECTION 2: AGREEMENT & AUTHORISATION - Blue page

SECTION 3: INFORMATION ABOUT THE PERSON - Orange page

SECTION 4: INFORMATION ABOUT THE RADIATION APPARATUS - Orange page

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

This form is to be used:

- when requesting approval to delete people who were authorised on an existing licence because, for example, they have left the practice, or are now working in a job where they will not be dealing with the apparatus;
- or
- to request approval to delete radiation apparatus to an existing licence.

1 The application must be in writing. **There is no fee for deletions** The completed application should be returned by:

2

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

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

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:

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

***Incomplete applications will cause delays***

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

7 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.

8 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@health.tas.gov.au](mailto:radiation.protection@health.tas.gov.au)

**SECTION 1: LICENCE TO WHICH THE AMENDMENT RELATES**

**1 Name of Licence Holder and Licence Number**

**2 Address**

Number and Street

Town/Suburb

State

Postcode

**3 Details of contact person for application queries**

**Name**

Phone

email

**SECTION 2: AGREEMENT AND DECLARATION**

**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*

I 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.

Full Name of individual or a person authorised to sign as a licence holder or on behalf of a licence holder

Date

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

**SECTION 3: INFORMATION ABOUT THE INDIVIDUAL TO BE DELETED FROM THE LICENCE**

4 Title                                      Given Name(s)                                      Surname

**SECTION 4: INFORMATION ABOUT THE RADIATION APPARATUS THE APPLICANT IS SEEKING TO DELETE FROM THE LICENCE**

**5 Apparatus**

Class 4 laser

Class 3B laser

Intense Pulsed Light (IPL) for cosmetic purposes

Magnetic Resonance Imaging (includes NMR)

Manufacturer

Model

6 RAIN Number

7 Proposed method of disposal