

Radiation Protection Act 2005

Form RPA0010:

NOTIFICATION OF CHANGE OF CIRCUMSTANCES

SECTION 1: AUTHORITY TO WHICH CHANGES RELATE

SECTION 2: AGREEMENT AND AUTHORISATION

SECTION 3: CHANGE IN POSTAL OR EMAIL ADDRESS

SECTION 4: CHANGE IN BUSINESS NAME (TRADING NAME)

SECTION 5: CHANGE IN PARTNERS OF A PARTNERSHIP

SECTION 6: CHANGE IN DIRECTORS OR CEO OF A COMPANY

Please refer to 'Radiation Licence Information for Applicants' for further information on licensing. This information can be accessed at 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

INFORMATION ABOUT COMPLETING THE NOTIFICATION

This form is to be used to notify:

For any authority:

- a change in postal or email address;
- a change in business or trading name;

and for licences only:

- a change in the partners of a partnership;
- a change in the directors or CEO of a company.
(Where these people (partners, directors or the CEO) are not also 'authorised people' on the licence. In the case where any of these people are 'authorised people' on the licence, then the change requires that an application for amendment of the licence must be submitted.)

1 A notification of change in circumstances must be provided by the holder of an authority to the Director of Public Health within 14 days of the change (refer to Section 8 of the *Radiation Protection Regulations 2016*).

2 No fee is required.

3 The completed application should be returned by:

Email: radiation.protection@health.tas.gov.au, or

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

4 This form is **not** to be used to notify changes to persons proposing to deal with radiation sources. An 'Application for Amendment' of an authority is required for those persons.

5 If you have any questions about the notification, or the licensing requirements generally, please contact the Radiation Protection Unit on (03) 6166 7256 or radiation.protection@health.tas.gov.au

SECTION 1: AUTHORITY or AUTHORITIES TO WHICH THESE CHANGES RELATE

Complete and return this page, plus following applicable section(s)

Please print

Tick appropriate box or boxes

Licence	Number(s)
Certificate of Accreditation (of a person)	Number(s)
Certificate of Registration (of a place)	Number(s)
Name of legal entity holding the authority	
Name and title of contact person for this notification	
Business phone	Business fax
Business mobile	Business email

SECTION 2: AGREEMENT & AUTHORISATION

DECLARATION – by the authority holder or a person authorised to sign on behalf of the authority holder named in Section 1

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

Tick appropriate box

licence holder, or

person authorised to sign

(please print job title)

- 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 information 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
- agree to advise the Department of Health and Human Services as soon as possible of any changes to the information provided in 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.

By ticking this box I confirm that I have read and understood all the statements above	Date
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COMPLETE AND RETURN APPLICABLE SECTION/S

SECTION 3: CHANGE IN POSTAL OR EMAIL ADDRESS

New postal address	Postcode
New email address	
Effective date of change	

SECTION 4: CHANGE IN BUSINESS NAME (TRADING NAME)

Previous trading name	Postcode
New trading name	Postcode
Effective date of change	

SECTION 5: CHANGE IN PARTNERS OF A PARTNERSHIP

Names of all partners to be deleted
Names of all partners to be added
Effective date of change

Probity

To the best of the licence holder's knowledge, have any of the above new partners 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.

No **Yes (attach details)**

Name of licence holder (or agent)	
By ticking this box I confirm that I have read and understood all the statements above	Date

SECTION 6: CHANGE IN DIRECTORS OR CEO OF A COMPANY

Names of all directors or CEO to be deleted

Names of all directors or CEO to be added

Effective date of change

Probity

To the best of the licence holder's knowledge, have any of the above new partners 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.

No

Yes (attach details)

Name of licence holder (or agent)

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