



**ACT**  
Government

**ACT Health**

## Health Protection Service

# Radiation Source Registration New Application

Use this form to apply to register a radiation source under the **Radiation Protection Act 2006** (the Act).

You can access the Act and its regulation at <https://legislation.act.gov.au/a/2006-33/>

## How to complete this form

Please read the guide to applying for a source registration at [health.act.gov.au/businesses/radiation-safety/register-radiation-source](http://health.act.gov.au/businesses/radiation-safety/register-radiation-source) or call the Health Protection Service on 02 5124 9700 before applying.

Complete this form using a black or blue pen and return to the Health Protection Service with the appropriate fee (see Section I).

This form may also be completed online and the fee paid via a secure payment portal at [forms.act.gov.au/smartforms/hps/radiation-source-registration](http://forms.act.gov.au/smartforms/hps/radiation-source-registration)

## Contact us / submit your application to:

### Health Protection Service

Email: [hps@act.gov.au](mailto:hps@act.gov.au)  
Phone: 5124 9700  
Fax: 5124 5554

Office hours: 9.00am – 4.30pm  
Monday to Friday

By post: Locked Bag 5005  
WESTON CREEK ACT 2611  
In person: 25 Mulley Street  
HOLDER ACT 2611

## Registration application process.

1. Complete and submit this application form.
2. Attach all supporting documentation.
3. If registering X-ray equipment the Health Protection Service will arrange for a third-party compliance test to be performed. The radiation source must pass this compliance test before the registration will be approved.
4. Some applications may be referred to the Radiation Advisory Committee (RAC) for consideration. Only application lodged at least seven (7) business days prior to each RAC meeting can be considered at that meeting. Dates for the meetings can be found at <https://www.health.act.gov.au/businesses/radiation-safety> under the 'Radiation Advisory Committee' link.

## Attachments

This form requires you to submit attachments as part of the lodgement process:

- One form of photographic identification for each owner (or for the registered agent if applying as a company).
- If applying as a company - a current company extract (issued within the previous 30 days) from the Australian Securities and Investment Commission (ASIC).
- Additional documentation will generally need to be submitted with your application. For more information, please visit [health.act.gov.au/businesses/radiation-safety/register-radiation-source](https://www.health.act.gov.au/businesses/radiation-safety/register-radiation-source)

## Important Information

The registration is issued to the owner of the radiation source, who is the person(s) who will have the overall responsibility for the radiation source, including responsibility for any contraventions of the Act.

Accordingly:

(1) Trusts will not be registered. Companies operating as trustees for a trust will be registered in the company name only.

(2) Applications listing a partnership as the owner will not be accepted. If the source is owned by a partnership, one or more of the individuals in the partnership will need to be listed.

(3) Parts B and C of this application form must be completed separately for each individual listed as an owner. If extra copies of Parts B and C are required, make duplicates and attach them to the application form. They are also available by contacting the HPS.

- In order to register a source, a company or individual must also hold a licence allowing possession of the source.

- Further information regarding the registration process is available on the HPS website [www.health.act.gov.au/businesses/radiation-safety](http://www.health.act.gov.au/businesses/radiation-safety)
- The ARPANSA Radiation Protection Series (RPS) publications, including the National Directory for Radiation Protection, are available online at: <http://www.arpsa.gov.au/publications/Codes/rps.cfm>.
- Complete this form using a black or blue pen and return with the required fee (see page 17).
- Declaration on page 18 must be signed.

## Privacy

The collection of personal information is required for the purposes of registering a radiation source under the *Radiation Protection Act 2006*.

The Health Protection Service prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988 (Commonwealth)*.

If you have questions about how your information will be handled please see the ACT Health Privacy Notice at [health.act.gov.au/privacy](http://health.act.gov.au/privacy) or contact us.

## Need an interpreter?

To speak to someone in a language other than English please telephone the Telephone Interpreter Service (TIS) on **131 450**.

Arabic: 13 14 50 : بالرقم إتصل مترجم إلى بحاجة كنت إذا

Chinese: 如果您需要翻譯, 請致電 : 13 14 50

Croatian: Ako trebate tumača, nazovite: 13 14 50

English: If you need a translator, call 13 14 50

Greek: Αν χρειάζεστε διερμηνέα, τηλεφωνήστε: 13 14 50

Italian: Se hai bisogno di un interprete, chiamate: 13 14 50

Maltese: Jekk għandek bżonn ta 'interpretu, sejha: 13 14 50

Persian: 131 450 فراخوان, است لازم شما اگر

Polish: Jeśli potrzebujesz tłumacza, zadzwoń: 13 14 50

Portuguese: Se você precisar de um intérprete, ligue para: 13 14 50

Serbian: Ако треба тумача, назовите: 13 14 50

Spanish: Si usted necesita un intérprete, llame al: 13 14 50

Turkish: Eğer bir tercümana ihtiyacınız Arama: 13 14 50

Vietnamese: Nếu bạn cần một thông dịch viên, xin gọi: 13 14 50



## Section A: Owner type

The registration is issued to the owner of the radiation source, who is the person(s) who will have the overall responsibility for the radiation source, including responsibility for any contraventions of the *Radiation Protection Act 2006*.

The owner of the source is (select one):

☐ A corporation → **Complete Sections B and D for each owner**

A corporation includes a company, Incorporated Association, Government agency or a Registered Charitable Organisation.

☐ An individual (or individuals) → **Complete Sections C and D for each owner**

**Note:** Trusts or Partnerships will not be registered. Companies operating as trustees for a trust will be registered in the Company name only.

## Section B: Owner details – Corporation

Complete this section **only** if you selected '**A corporation**' in Section A.

### Company name

As shown on your company extract

.....

### Corporation type

- ☐ Company
- ☐ Incorporated association
- ☐ Government agency
- ☐ Registered charitable organisation

### Australian Company Number (ACN)

.....

### Registered company address

Address

.....

.....

Suburb .....

State .....

Postcode .....

### Postal address

Address

.....

.....

Suburb .....

State .....

Postcode .....

### Phone numbers

Phone (BH) .....

Phone (AH) .....

Mobile .....

Email ..... (required)

## Proof of identification

To protect public health, the Health Protection Service needs to be able to confirm the identity of applicants.

You must provide one piece of photographic identification for the authorised agent who is making the application.

The preferred types of identification are:

- Driver licence
- Passport
- Proof of Identity card or Proof of Age card

In the case of multiple owners (for example partnerships) proof of identification must be provided for each owner.

If you bring your identification to the Health Protection Service in person, we will make a copy for you.

☐ I have attached photographic identification for the authorised agent.

## Company extract

You must also provide a copy of a current company extract issued by the Australian Securities and Investment Commission (ASIC) **issued within the last 30 days**. The Company Extract includes details of the corporate, business names and trading names, present directorships and proprietorships of the company.

You can obtain a current company extract from ASIC at **asic.gov.au**

☐ I have attached a current company extract issued within the last 30 days.

## Declaration

This declaration must be made by the authorised agent of the corporation.

I, \_\_\_\_\_, confirm that the information supplied in this section is true and accurate, and I understand that the provision of false or misleading information is an offence.

Position title \_\_\_\_\_

Signature of agent \_\_\_\_\_

Date \_\_\_\_\_

## Section C: Owner details – Individual

Complete this section **only** if you selected '**An individual**' in Section A.

If there are multiple owners, make additional copies of this section and submit one for **each owner**.

### Full name

As shown on your photographic identification

Title (Mr, Ms) ..... Given name(s) .....

Surname .....

### Residential address

Address .....

.....

Suburb ..... State ..... Postcode .....

### Postal address

Address .....

.....

Suburb ..... State ..... Postcode .....

### Phone numbers

Phone (BH) ..... Phone (AH) .....

Mobile .....

Email ..... (required)

## Proof of identification

To protect public health, the Health Protection Service needs to be able to confirm the identity of applicants.

You must provide one piece of photographic identification for the authorised agent who is making the application.

The preferred types of identification are:

- Driver licence
- Passport
- Proof of Identity card or Proof of Age card

In the case of multiple owners (for example partnerships) proof of identification must be provided for each owner.

If you bring your identification to the Health Protection Service in person, we will make a copy for you.

☐ I have attached photographic identification for the authorised agent.

## Declaration

This declaration must be made by the authorised agent of the corporation.

I, \_\_\_\_\_, confirm that the information supplied in this section is true and accurate, and I understand that the provision of false or misleading information is an offence.

Position title \_\_\_\_\_

Signature of agent \_\_\_\_\_

Date \_\_\_\_\_



## Section D: Current licence to possess a radiation source

Source owners must hold a current Radiation Licence with a dealing category of 'possess a radiation source' for the type of source for which registration is being sought. For information about applying for a Radiation Licence, visit **[health.act.gov.au/businesses/radiation-safety/apply-radiation-licence](http://health.act.gov.au/businesses/radiation-safety/apply-radiation-licence)**

Does the owner hold a current Radiation Licence with a dealing category of 'possess a radiation source' for the type of source in this registration application?

☐ Yes, the owner's licence number is .....

☐ No, but the owner has applied for a licence under the name of:

.....

☐ No, but the owner has applied for an **amendment** to add 'Possess a radiation source' to their user licence. Licence number:

.....

## Section E: Source details – (must be completed)

For assistance completing this section, please contact the Health Protection Service on [hps@act.gov.au](mailto:hps@act.gov.au) or 02 5124 9700.

### Business/Trading name

.....

### Specific location

Include a brief description of where the source is located, including building name, room number/name, department area, etc.

.....

.....

.....

### Source address

Address .....

.....

Suburb ..... State ..... Postcode .....

### Contact details

Contact person .....

Phone (BH) ..... Phone (AH) .....

Mobile .....

Email .....

Address .....

.....

Suburb ..... State ..... Postcode .....

### Source type – Select the radiation source type to be registered

Select one of the following combinations of use category, type and intended use:

- |  |   |
|--|---|
| <input type="checkbox"/> X-ray apparatus                                   | Include more detailed information in <b>Section F.1</b> |
| <input type="checkbox"/> Sealed radiation source                           | Include more detailed information in <b>Section F.2</b> |
| <input type="checkbox"/> Apparatus incorporating a sealed radiation source | Include more detailed information in <b>Section F.3</b> |
| <input type="checkbox"/> Accelerated Particle-beam apparatus               | Include more detailed information in <b>Section F.4</b> |

### Use categories

Please select at least one of the following:

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Chiropractic              | <input type="checkbox"/> Dental      | <input type="checkbox"/> Dental (specialist)     |
| <input type="checkbox"/> Forensic                  | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Medical                 |
| <input type="checkbox"/> Research                  | <input type="checkbox"/> Veterinary  | <input type="checkbox"/> Veterinary (specialist) |
| <input type="checkbox"/> Industrial (specify)..... |                                      |  |
| <input type="checkbox"/> Other .....               |                                      |  |

### Use sub categories

Please select at least one of the following:

- |  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Analytical                | <input type="checkbox"/> Diagnostic | <input type="checkbox"/> Forensic |
| <input type="checkbox"/> Moisture/Density Gauging  | <input type="checkbox"/> Research   | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Therapeutic               |                                     |                                   |
| <input type="checkbox"/> Other .....               |                                     |                                   |
| <input type="checkbox"/> Industrial (specify)..... |                                     |                                   |

## Installation details

### Supplier information

Supplier name .....

ACT Licence number .....

Supply date .....

### Installer Information

Installer name .....

ACT Licence number .....

Install date .....

## Plans and other documentation

Radiation Management Plan (*required for all applications*) ☐ Included ☐ Pending ☐ N/A

Shielding Plan (*required for all applications unless the source has inbuilt shielding e.g. cabinet X-ray, XRD*) ☐ Included ☐ Pending ☐ N/A

Shielding Verification (*required for all applications*) ☐ Included ☐ Pending ☐ N/A

Security Plan (*required for security enhanced sources only*) ☐ Included ☐ Pending ☐ N/A

**Registration will not be granted until all required documentation has been received for above section.**

**The Chief Health Officer may request third party verification of installed shielding when considering a source registration application or re-application (renewal).**

## Section F: Source specific information (Complete the relevant section **only** to correspond with 'Source Type' in Section E)

Complete these details **only** if you selected '**Xray apparatus**' in Section E.

### **X-ray Apparatus – Section F.1**

Manufacturer .....

Model name or no. ....

Description of source .....

Intended use/Principal function .....

System no. ....

#### Generator

Manufacturer ..... Model ..... Serial no. ....

#### Tube insert

Manufacturer ..... Model ..... Serial no. ....

#### Tube housing

Manufacturer ..... Model ..... Serial no. ....

Max Current (mA) ..... Max Tube Voltage (kVp) .....

☐ Fixed      ☐ Mobile      ☐ Portable

Continuous Exposure    ☐ Yes    ☐ No

☐ I have attached additional page(s) with further source details (if required).

**Radioactive material (sealed source) - Section F.2**

Complete these details **only** if you selected '**Sealed Radiation Source**' in section E.

Radionuclide	Activity	Calibration Date	Intended Use	Description

☐ I have attached additional page(s) with further radioactive material details (if required).

**Apparatus incorporating a sealed source – Section F.3**

Complete these details **only** if you selected ‘**Sealed radioactive material**’ in Section E.

Description of source .....

Intended use/Principal function .....

Manufacturer ..... Model .....

Device Serial no. ....

Radionuclide ..... Source serial no. ....

Source Activity ..... Calibration Date .....

End of working life (where applicable) .....

**Accelerated particle-beam apparatus – Section F.4**

Complete these details **only** if you selected ‘**Accelerated particle-beam apparatus**’ in Section E.

Description of source .....

Intended use/Principal function .....

Manufacturer ..... Model .....

Serial no. ....

Type of accelerator .....

Accelerated Particle(s) .....

Maximum Energy (MeV) .....

Types of Radiation Produced .....

## Section G – Radiation safety officer – (must be completed)

It is a requirement that the Radiation Safety Officer (RSO) must be: someone employed to provide daily advice/supervision services on behalf of the organisation; suitably qualified; and reasonably available to attend the site as required, having regard to the attendant risk of the source type(s) at the location.

RSO name .....

RSO contact number .....

RSO Meets the requirements of the *Radiation Protection Act 2006*

☐ Yes



## Section H: Fees and payment

### Registration duration

You can choose to apply for a source registration that is valid for 1, 2 or 3 years. The Health Protection Service will send you a reminder notice by email 3-4 weeks before your source registration expires.

How many years would you like to be registered for?

- ☐ 1 year     **\$287**  
☐ 2 years    **\$574**  
☐ 3 years    **\$861**

**GST is not applicable** under section 81-5 of the  
*A New Tax System (Goods and Services Tax) Act 1999.*

### Payment details

Payment method

- ☐ EFTPOS (in person at the Health Protection Service)  
☐ Cheque  
☐ Credit card (complete details below)

### Credit card details (if paying by credit card)

- ☐ I agree to this credit card being debited the required fee and the credit card details being destroyed after the transaction is processed.

Cardholder name .....

Signature ..... Date .....

Daytime phone .....

Credit card type

- ☐ Visa     ☐ Mastercard

Credit card number

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Expiry (MM/YY)

		/		
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## Section I: Declaration

I declare that:

- I am authorised to supply all the information in this form;
- that all the information supplied on this form is true and correct; and
- that there are necessary records and/or documentation to support this licence application.

I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.

Name .....

Position title ..... (If applying as a company)

Signature of agent ..... Date .....

## Section J: Checklist

It is recommended that you use the checklist below to ensure that your application is complete.

- ☐ I have read the guide to applying for a source registration at **health.act.gov.au/businesses/radiation-safety/register-radiation-source**
- ☐ I have completed Section A: Owner type.
- ☐ I have completed Section B: Owner details – Corporation **or** Section C: Owner details – Individual.
- ☐ I have attached: photographic identification and ASIC for the authorised agent (corporation applicant) **or**; photographic identification for the applicant (individual applicant)
- ☐ I have completed Section D: Current licence to possess a radiation source.
- ☐ I have completed Section E: Source details.
- ☐ I have completed Section F: Source specific information.
- ☐ I have completed Section G: Radiation Safety Officer
- ☐ I have completed Section H: Fees and Payment
- ☐ I have attached payment
- ☐ I have signed the declaration in Section I: Declaration
- ☐ I am submitting the application via email to [hps@act.gov.au](mailto:hps@act.gov.au) **or**
- ☐ I am submitting the application in person during business hours at

25 Mulley Street  
HOLDER ACT 2611 **or**

- ☐ I am submitting the application by post to:

Health Protection Service  
Locked Bag 5005  
WESTON CREEK ACT 2611