



**ACT**  
Government

**ACT Health**

## Health Protection Service

# Radiation Licence New Application

Use this form to apply for a radiation licence under the ***Radiation Protection Act 2006***.  
View the Act and its regulations at [legislation.act.gov.au/a/2006-33/](http://legislation.act.gov.au/a/2006-33/)

You are only permitted to deal with a regulated radiation source if you hold a current relevant authorisation under the Act. See section G for mutual recognition arrangements. **Before completing this form please check whether you may be eligible to Notify under Automatic Mutual Recognition instead.**

## How to complete this form

Please read the guide to applying for a licence at [health.act.gov.au/businesses/radiation-safety/apply-radiation-licence](http://health.act.gov.au/businesses/radiation-safety/apply-radiation-licence) 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 H).

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

## 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).
- You may also need to provide evidence of your qualifications or experience.

## Contact us

Health Protection Service

Email: [hps@act.gov.au](mailto:hps@act.gov.au)

Phone: 02 5124 9700

Fax: 02 5124 5554

By post: Locked Bag 5005  
WESTON CREEK ACT 2611

In person: 25 Mulley Street  
HOLDER ACT 2611

## Privacy

The collection of personal information is required for the purposes of issuing a licence 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**.



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

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

است لازم شما اگر Persian: 131 450

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: Applicant type

Licences are issued to person(s) who deal with a radiation source. Dealing with a radiation source without a licence is an offence, and there are also offences for dealing with a radiation source contrary to licence conditions.

**Trusts will not be licensed**, and companies operating as trustees for a trust will be licensed in the company name only.

**Applications listing a partnership as the owner will not be accepted.** If a partnership is dealing with radiation sources, one or more of the individuals in the partnership must obtain an individual licence.

You are applying for a licence as (select one):

- A corporation → **Complete section B**
- An individual → **Complete sections C and D**

## Section B: Applicant 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

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](http://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: Applicant details – Individual

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

### Your 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 ..... (optional)

**Workplace/employer**

Employer name .....

**Occupation**

What is your occupation? (Select only one option)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Anaesthetist              | <input type="checkbox"/> Medical physics technician                     | <input type="checkbox"/> Radiographer (Provisional) ▶▶ |
| <input type="checkbox"/> BMD/DEXA operator         | <input type="checkbox"/> Nuclear medicine physician ▶▶                  | <input type="checkbox"/> Radiologist ▶▶                |
| <input type="checkbox"/> Cardiologist              | <input type="checkbox"/> Nuclear medicine technologist ▶▶               | <input type="checkbox"/> Researcher                    |
| <input type="checkbox"/> Chiropractor              | <input type="checkbox"/> Nuclear medicine technologist (provisional) ▶▶ | <input type="checkbox"/> Sales                         |
| <input type="checkbox"/> Dental assistant ▶▶       | <input type="checkbox"/> Ophthalmologist                                | <input type="checkbox"/> Security                      |
| <input type="checkbox"/> Dental hygienist ▶▶       | <input type="checkbox"/> Oral health therapist ▶▶                       | <input type="checkbox"/> Service engineer              |
| <input type="checkbox"/> Dental prosthetist        | <input type="checkbox"/> Orthopaedic surgeon                            | <input type="checkbox"/> Service technician            |
| <input type="checkbox"/> Dental therapist ▶▶       | <input type="checkbox"/> Radiation oncologist ▶▶                        | <input type="checkbox"/> Soil technician ▶▶            |
| <input type="checkbox"/> Dental (specialist)       | <input type="checkbox"/> Radiation therapist ▶▶                         | <input type="checkbox"/> Teacher/lecturer              |
| <input type="checkbox"/> Dentist ▶▶                | <input type="checkbox"/> Radiation therapist (provisional) ▶▶           | <input type="checkbox"/> Technician                    |
| <input type="checkbox"/> Emergency services        | <input type="checkbox"/> Radiographer ▶▶                                | <input type="checkbox"/> Urologist                     |
| <input type="checkbox"/> Gastroenterologist        |   | <input type="checkbox"/> Veterinary nurse ▶▶           |
| <input type="checkbox"/> Industrial tester         |   | <input type="checkbox"/> Veterinary surgeon ▶▶         |
| <input type="checkbox"/> Medical physicist         |   | <input type="checkbox"/> Veterinary (specialist)       |
| <input type="checkbox"/> Medical physics registrar |   |  |
| <input type="checkbox"/> Other: .....              |   |  |

▶▶ Occupations marked with this symbol may be eligible to apply for a standard application (see section D).

**Training or qualifications**

You need to submit documentary evidence to show that you meet licence prerequisites. This can include training, knowledge or experience that has been approved in another jurisdiction. For more information see [health.act.gov.au/businesses/radiation-safety/apply-radiation-licence](http://health.act.gov.au/businesses/radiation-safety/apply-radiation-licence)

Details of relevant qualifications, training and experience:

.....

.....

.....

I have attached evidence of radiation related training or qualifications.

**Professional registration (if applicable in your occupation)**

For example Australian Health Practitioner Regulation Agency (AHPRA) registration or ACT Veterinary Practitioners Board registration.

Professional registration number .....

**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.

The preferred types of identification are:

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

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

I have attached photographic identification.

**Declaration**

This declaration must be made by the applicant.

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.

Signature .....

Date .....

## Section D: Standard application

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

Standard applications may be issued more quickly if the application meets accepted assessment criteria.

If your occupation entered on page 7 is in the list below you may apply for a standard licence with the listed dealing category, use category, use sub-category and source types.

If the standard application below does not suit your requirements or your occupation is not listed, then you cannot apply for a standard licence.

Please select one option:

I want to apply for the standard application for my occupation below.

→ **Skip to section F**

There is not a suitable standard application below or I want to apply for a different type of licence.

→ **Complete sections E and F**

Occupation	Licence includes	Dealing category	Use category	Use sub-category	Type of source	Qualifications, experience or professional registration
Dental assistant	Includes intra-oral and OPG, does not include CBCT	Operate an apparatus	Dental	Diagnostic	X-ray apparatus	Certificate IV in Dental Assisting (with Radiography HLT45015)
Dental hygienist	Includes intra-oral and OPG, does not include CBCT	Operate an apparatus	Dental	Diagnostic	X-ray apparatus	Registered as a dental practitioner with AHPRA
Dental therapist						
Dentist						
Nuclear medicine physician	Includes diagnostic and therapeutic radioactive material, DEXA and CT for hybrid imaging	Operate an apparatus; use radioactive material	Medical	Diagnostic; therapeutic	X-ray apparatus; unsealed radioactive material;	Registered as a specialist nuclear medicine physician with AHPRA

Occupation	Licence includes	Dealing category	Use category	Use sub-category	Type of source	Qualifications, experience or professional registration
Nuclear medicine technologist	purposes, does not include CT for general diagnostic use				BMD/DEXA apparatus; sealed radiation source	Registered as a nuclear medicine technologist with AHPRA
Nuclear medicine technologist (provisional)						
Oral health therapist	Includes intra-oral and OPG, does not include CBCT	Operate an apparatus	Dental	Diagnostic	X-ray apparatus	Registered as a dental practitioner with AHPRA
Radiation oncologist	Includes therapeutic medical sources such as linear accelerators, CT simulators and brachytherapy apparatus, does not include the use of unsealed radioactive material or diagnostic procedures	Operate an apparatus	Medical	Therapeutic	X-ray apparatus; apparatus incorporating a sealed source; accelerated particle-beam apparatus	Registered as a medical practitioner with a specialty in radiation oncology with AHPRA

Occupation	Licence includes	Dealing category	Use category	Use sub-category	Type of source	Qualifications, experience or professional registration
Radiation therapist	Includes therapeutic medical sources such as linear accelerators, CT simulators, superficial X-ray and brachytherapy apparatus, does not include the use of unsealed radioactive material or diagnostic procedures	Operate an apparatus	Medical	Therapeutic	X-ray apparatus; apparatus incorporating a sealed source; accelerated particle-beam apparatus	Registered as a radiation therapist with AHPRA
Radiation therapist (provisional)						
Radiographer	Includes general and fluoroscopic X-ray equipment, CT, dental, mammography and DEXA	Operate an apparatus	Medical	Diagnostic	X-ray apparatus	Registered as a diagnostic radiographer with AHPRA
Radiographer (Provisional)						
Radiologist	Includes diagnostic radiation apparatus, does not include radioactive material used in nuclear medicine	Operate an apparatus	Medical	Diagnostic	X-ray apparatus	Registered as a medical practitioner with a specialty in radiology with AHPRA
Soil technician		Operate an apparatus; pack/transport a radiation source	Industrial	Moisture/density gauging	Apparatus incorporating a sealed source	Radiation safety training certificate

Occupation	Licence includes	Dealing category	Use category	Use sub-category	Type of source	Qualifications, experience or professional registration
Veterinary nurse	Includes use (under direction) of fixed and mobile general and dental x-ray units, does not include fluoroscopy, CT, or radioactive material	Operate an apparatus	Veterinary	Diagnostic	X-ray apparatus	Certificate IV in Veterinary Nursing
Veterinary surgeon	Includes fixed and mobile general and dental x-ray units, does not include fluoroscopy, CT, or radioactive material	Operate an apparatus	Veterinary	Diagnostic	X-ray apparatus	Registered with the ACT Veterinary Practitioners Board

## Section E: Licence application details

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.

### Dealing categories

Please select at least one of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Install an apparatus              | <input type="checkbox"/> Possess a radiation source |
| <input type="checkbox"/> Manufacture a radiation source    | <input type="checkbox"/> Service an apparatus       |
| <input type="checkbox"/> Operate an apparatus              | <input type="checkbox"/> Test an apparatus          |
| <input type="checkbox"/> Pack/transport a radiation source | <input type="checkbox"/> Supply a radiation source  |

For radioactive material only:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Dispose of a radiation source | <input type="checkbox"/> Store a radiation source | <input type="checkbox"/> Use radioactive material |
|--|---|---|

### Use categories

Please select at least one of the following:

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

### Use sub-categories

Please select at least one of the following:

- |                                       |   |                                      |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Analytical   | <input type="checkbox"/> Moisture/density gauging | <input type="checkbox"/> Research    |
| <input type="checkbox"/> Diagnostic   | <input type="checkbox"/> Quality assurance        | <input type="checkbox"/> Teaching    |
| <input type="checkbox"/> Forensic     |   | <input type="checkbox"/> Therapeutic |
| <input type="checkbox"/> Other: ..... |   |                                      |

## Section F: Source details

### Type of source

Please select one of the following:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Accelerated particle-beam apparatus     | <input type="checkbox"/> BMD/DEXA only           | <input type="checkbox"/> Unsealed radioactive material <b>(Provide details on the next page.)</b> |
| <input type="checkbox"/> Apparatus incorporating a sealed source | <input type="checkbox"/> Cabinet x-ray apparatus | <input type="checkbox"/> X-ray apparatus  |
| <input type="checkbox"/> Sealed radiation source                 |  |   |
- Other: .....

### Source description and intended use

Include a brief description of radiation sources you will be dealing with and their intended use.

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



## Section G: Mutual recognition

**If you hold a current radiation licence in another State or Territory, please check whether you may be eligible to Notify under Automatic Mutual Recognition instead.**

The **Mutual Recognition Act 1992** allows a person who is licensed in an occupation in one state or territory to work in an equivalent occupation in another jurisdiction for up to one month while their application is being considered in the second jurisdiction.

If you apply for mutual recognition, the Health Protection Service will assess your application within one month and you will be able to work in the ACT until the application is considered. Standard licence fees apply.

Do you want to apply for mutual recognition of a current licence held in another state or territory?

- Yes → **Complete the details and statutory declaration in this section**
- No → **Skip to section H**

### Current licence status in other Australian states or territories

Australian state or territory	Certificate or licence number	Date of expiry

### Required documentation

- I have attached copies of my current licence documents or other evidence of my licences from other jurisdictions.

**Statutory declaration (page 1 of 2)**

I (name in full) .....

of (residential address).....

occupation .....

make the following declaration under the **Statutory Declarations Act 1959**:

1. I hereby apply for registration in the Australian Capital Territory in accordance with the mutual recognition principle of the **Mutual Recognition Act 1992 (Cth)**, adopted by the **Mutual Recognition Act 1992 (ACT)** as a holder of a radiation licence; and
2. I am not the subject of disciplinary proceedings in any jurisdiction (including any preliminary investigation(s) or action(s) that might lead to disciplinary proceedings) in relation to my occupation(s); and
3. my licence or authorisation in any jurisdiction is not cancelled or currently suspended as a result of a disciplinary action; and
4. any special conditions to which I am subject in carrying out any such occupation in any jurisdiction are:

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**Applicant's initials:** .....

**Witness's initials:** .....

**Statutory declaration (page 2 of 2)**

5. I am not otherwise personally prohibited from carrying out any such occupation in any jurisdiction, and I am not subject to any special conditions in carrying out that occupation, as a result of criminal, civil or disciplinary proceedings in any jurisdiction; and
6. I consent to the Health Protection Service making inquiries of, and exchanging information with, the authorities of any state or territory regarding my activities in the relevant occupation or occupations or otherwise regarding matters relevant to this notice; and
7. the statements and information in this form are correct to the best of my knowledge and belief; and
8. the instruments evidencing my existing licences or authorisations are the originals or a complete and accurate copy of the originals; and
9. I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the **Statutory Declarations Act 1959**, and I believe that the statements in this declaration are true in every particular.

Applicant's signature .....

Email or telephone ..... (optional)

**Declared at (place)** .....

**on (date)** ..... / ..... / .....

**before me (the person before whom this declaration is made)**

Full name .....

Signature .....

Address .....

.....

Email or telephone ..... (optional)

Qualification to witness \* .....

\* For information on who can witness statutory declarations please see <https://www.ag.gov.au/Publications/Statutory-declarations/>

## Section H: Fees and payment

### Licence duration

You can choose to apply for a licence 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 licence expires.

How many years would you like to be licensed 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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry (MM/YY)

--	--	--	--	--	--	--	--	--	--

## 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.

I understand that my application may be referred to the Radiation Advisory Committee as part of the assessment process.

Name .....

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

Signature ..... 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 radiation licence at [health.act.gov.au/businesses/radiation-safety/apply-radiation-licence](https://health.act.gov.au/businesses/radiation-safety/apply-radiation-licence)
- I have completed Section A: Applicant type.
- I have completed Section B: Applicant details – Corporation **or** Section C: Applicant details – Individual and Section D: Standard application
- I have attached photographic identification for the authorised agent (corporation applicant) or the applicant (individual applicant)
- I have completed Section E: Licence application details (if not applying for a standard licence).
- I have completed Section F: Source details.
- (Optional) I have completed Section G: Mutual recognition. **If you hold a current radiation licence in another State or Territory, please check whether you may be eligible to Notify under Automatic Mutual Recognition instead.**
- I have completed Section H: Fees and payment.
- I have attached payment.
- I have signed the declaration in Section I: Declaration.