Form 23:

Application for an Approval to Dispose of Radioactive Material

Queensland Government

This application form is to be used by persons who wish to apply for approval to dispose of radioactive material.

Collection Notice:
The Queensland Government is collecting your information for the purposes of the *Radiation Safety Act 1999* so that you may apply for an Act Instrument (refer section 48 of the Act). Personal information collected is handled in accordance with the *Information Privacy Act 2009*. Your personal information will not be disclosed to other third parties without consent, unless the disclosure is authorised or required by or under law. If the personal information requested in this form is not provided, your application will not be able to be processed.

For any questions regarding this collection notice, please contact Radiation Health via email RHPrivacy@health.qld.gov.au. For information about how your personal information is protected, how to access or correct your own personal information, or how to make a complaint about a breach of the privacy principles and learn how we deal with such a complaint, please refer to Queensland Health's Privacy Policy.

Client No. *(if known)*:

Application No. *(Qld Health use only)*:

To the Chief Executive:

Part A: Details of Applicant

1. Name of Possession Licence holder or other applicant

Name

If applicable, licence number

2. Contact details

Salutation

Surname

Given Names

Phone No.

Email Address

3. Email address for notification of decision

Part B: Details of the Radioactive Material

Provide details of the radioactive material proposed to be disposed of, and the proposed disposal arrangements.

1. Description of the radioactive material

2. Main radionuclides in the radioactive material

3. Physical form of the radioactive material

4. Chemical form of the radioactive material

5. Description of how, or the extent to which, the radionuclides are distributed throughout the radioactive material

6. Total activity of each main radionuclide in the radioactive material to be disposed of

7. Maximum activity concentration of each radioisotope in the radioactive material to be disposed of at the point of discharge

Part C: Disposal Details

1. What is your reason for wanting to dispose of the radioactive material?

2. How is the radioactive material to be disposed of?
   Provide full details of proposed disposal procedure. Attach additional information, if required.

3. Demonstrate, by reasoned argument, that no person will receive greater than 300microSv a year as a consequence of the disposal, and that there is no way of dealing with the material that is more conducive to ecological health or public amenity or safety. Attach additional information, if required.

Part D: Declaration

Has the applicant held an approval to dispose under this Act, or a similar instrument under a corresponding law, that was suspended or cancelled? ☐ Yes ☐ No

Part E: Completion of Application

I hereby apply for an approval to dispose of radioactive material, as detailed in this application form.

Name of applicant or corporate representative:

Signature of applicant or corporate representative: Date:

OFFICE USE ONLY

DISPOSAL: APPROVED / NOT APPROVED

Delegate of the Chief Executive Date

If approved - approval expiry date: _____

Condition of approval

Under section 75(2) of the *Radiation Safety Act 1999*, you are required to give the chief executive written notice that the disposal has happened within 7 days after completion of the disposal.

Reason if not approved *(Information Notice for the purpose of 62(2) of the Act)*:

How to Submit the Application

Please post your signed and completed form and payment information to:

The Chief Executive
c/- Public Health Licensing
Health Protection and Regulation Branch
Queensland Department of Health
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

Your application will not be accepted unless the applicable payment is provided.

For further information about the submission of applications, please type 'Queensland radiation licensing' into your favourite browser and follow the prompts.

Fee to be Paid

Fee is $539.23 This fee is not refundable.

Fees payable increase on 1 October each year. On 1 October 2025, the fee was increased by 3.4% in line with Government's indexation policy.

Payment Options

(Note: This is a GST free item. Queensland Health ABN: 66 329 169 412)

Payment of your application must be made via credit card. Complete payment details below and submit with your completed application.

DO NOT EMAIL THIS PAYMENT PAGE AS SECURITY OF YOUR CREDIT CARD INFORMATION CANNOT BE ASSURED

Name of Applicant:

Charge fee payable: to my: ☐ MasterCard ☐ Visa Card

Name on card:

Cardholder's signature:

Card number: Expiry date: