

Application for approval to dispose of radioactive material

Please read the following instructions before completing this form as incorrect completion of this form will result in delays.

1. The covering page, page 1, must be completed in all respects. The applicant's details including the name of the applicant, the applicant's possession licence number and the expiry date of the applicant's possession licence may be found on the applicant's possession licence.
2. The applicant should decide how and where the Department should send the form once a decision has been made on the application. These details must be specified in response to item 4 on the covering page of the application form.
3. In the response to question 7, the applicant must demonstrate by reasoned argument:
 - (a) that no person will receive greater than $300\mu\text{Sv}$ a year as a consequence of the disposal, and
 - (b) that there is no way of dealing with the material that is more conducive to ecological health or public amenity or safety.
4. Responses to the questions on pages 1 and 2 may require additional information to be supplied, or documentary evidence as considered necessary. Any additional information provided should be referenced on the application form, appropriately annotated for identification and included with the application.
5. The holder of an approval to dispose of radioactive material is required to give the Chief Executive written notice that the disposal had happened within 7 days after completion of the disposal.

Application for Approval to Dispose of Radioactive Material



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PAGE 1

To the Chief Executive:

1. Name of Applicant *(Name of the individual, corporation or the name of the possession licensee.)*
2. Applicant's possession licence number *(If applicable.):*
3. How does the applicant wish this form to be returned? *(Please complete only one of the alternatives below.)*
 Facsimile number for return of this form:
 Postal address for return of this form:
4. 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
(If yes, please attach details.)
5. Applicant's reason for wanting to dispose of the radioactive material.
6. Description of the radioactive material for which the approval to dispose is required. *(Complete details on the following page).*
7. The applicant must attach an explanation as to how the disposal will impact on people and the environment. *(Refer to the attached notes for information as to how to prepare the explanation.)*
8. Period during which the disposal is to take place.

Signature of Applicant: _____ Date: _____
(or contact person, if a corporate applicant)

Please turn over →

OFFICE USE ONLY

APPROVED / NOT APPROVED

Delegate of the Chief Executive

Date

This approval expires on ____/____/____

If not approved, reason for non approval *(Information Notice for the purpose of s62(2) of the Act):*

Particulars of the radioactive material to be disposed of.

A. Description of the radioactive material

B. Main radionuclide(s) in the radioactive material

C. Physical form of the radioactive material

D. Description of how, or the extent to which, the radionuclide(s) are distributed throughout the radioactive material

E. Chemical form of the radioactive material

F. Total activity of each radioisotope in the radioactive material to be disposed of.

G. How is the radioactive material to be disposed of? Specify whether the material is to be disposed of into the air, water, sewerage system or other.

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

Signature of Applicant: _____ Date: _____
(or contact person, if a corporate applicant)

Fees to accompany application

Payment of fees

(Please note that this application will not be complete unless the appropriate fees are included when the application is made.)

The fee payable with this application is \$372.00

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

- Cheque or Money Order enclosed (payable to Queensland Health)
- Payment by Credit Card (Please complete the "Credit Card Payments" section below.)

Note for the applicant—Application for Approval to Dispose of Radioactive Material:

The \$359.00 application fee is not refundable if this application is not successful.

Credit Card payments

(This section need only be completed if the applicant wishes to pay the fees payable with this application by Mastercard, Bankcard or Visa Card. Do not detach this section.)

Name of Applicant (The name stated here should be the same as the name stated in Question 1 on page 1 of this form.)

Please charge the fees payable \$ to my Mastercard Bankcard Visa Card

Card number Expiry date /

Name on card (Please print)

Signature of cardholder Date

CHECK LIST

- Supporting documentation is attached (Refer to Q4 and 7)
- The prescribed application fee is enclosed
- All questions have been responded to
- The application form (2 pages) is signed and dated

ENQUIRIES

Email: radiation_health@health.qld.gov.au
Phone: (07) 3328 9987 **Fax:** (07) 3328 9622

RETURN COMPLETED FORM TO:

The Licensing Officer
 Radiation Health Unit

Physical Address:

15 Butterfield Street
 HERSTON QLD 4006

Postal Address:

PO Box 2368
 FORTITUDE VALLEY BC QLD 4006

THIS FORM IS TO BE COMPLETED IF THE APPLICANT FOR AN ACT INSTRUMENT IS AN INDIVIDUAL OR HAS A NOMINATED PERSON

Important Information

1. Where applicable, attach supporting documentation to support a name change.
2. 'Act instrument' means a licence, accreditation certificate, radiation safety officer certificate or approval.
3. If the application for an Act Instrument relates to a security enhanced source, this form must be completed by the Nominated Person (i.e. the person who has been appointed to oversee the security of the security enhanced source).

Applicant Details

Surname:

Given name(s):

Date of Birth: / /
(dd/mm/yyyy)

Residential Address

Address:

Suburb:

State: Post Code:

Postal Address (if same as residential address, write 'AS ABOVE')

Address:

Suburb:

State: Post Code:

Information to be Submitted

You are required to provide two documents which prove your identity as follows:

1. one **certified** copy of a document from the attached list of Primary Identity Documents; and
2. one **certified** copy of a document from the attached list of Secondary Identity Documents.

'Certified copy' means a copy of an original document that has been certified by a **justice of the peace or a notary public** as being a correct copy of the original document.

Note: The proof of identity documents **will not** be accepted if the:

- copies have been certified by a person other than a justice of the peace or notary public; or
- copies have been certified by a Commissioner for Declarations as defined in Queensland's *Justices of the Peace and Commissioners for Declarations Act 1991*; or
- copies are not the originally signed certified copies (faxed or emailed copies of certified copies **will not** be accepted).

Declaration by Applicant

I declare that the information I supplied in this form is complete, truthful and correct in every detail.

Signature of Applicant Date

Declaration by Witness

I declare I am satisfied that the applicant who signed this form is the person mentioned in the documents I have certified.

Signature of Justice of the Peace or Notary Public Date

(Note: Certification from a Commissioner for Declarations **will not** be accepted)

PRIMARY IDENTITY DOCUMENTS

1. Australian birth certificate
2. overseas birth certificate accompanied by a passport or Australian visa document issued by the Commonwealth Department of Immigration and Citizenship
3. document of identity recognised by the Commonwealth Department of Immigration and Citizenship
4. Australian passport that is current or has not been expired for more than 2 years
5. current foreign passport
6. document evidencing Australian citizenship issued by the Commonwealth Department of Immigration and Citizenship
7. Australian driver's licence that is current or has not been expired for more than 2 years

SECONDARY IDENTITY DOCUMENTS

1. current identification card issued by the Commonwealth or State as evidence of the person's entitlement to a financial benefit—examples include seniors health card, health care card, Medicare card, pensioner concession card or entitlement card issued by the Department of Veteran's Affairs
2. current account card or credit card, issued by a financial institution, that contains the person's name and signature
3. account statement issued by a financial institution within the previous year
4. document evidencing discharge from military service within the previous 2 years
5. student identification card containing the person's photograph and signature that is current or has not been expired for more than 2 years
6. document evidencing enrolment in an educational institution within the previous 2 years
7. document evidencing electoral enrolment within the previous 2 years
8. utilities account statement issued by a utilities provider within the previous year
9. notice of land valuation, water rates or council rates issued within the previous year