

Application for approval to relocate a radiation source

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. The applicant must seek and obtain the written approval of the regulatory authority in the jurisdiction into which the applicant proposes to relocate the radiation source. **A copy of this written approval must be included with this application form.**
4. If the application is for approval to relocate a radioactive substance, the applicant must provide evidence from the intended recipient of the radioactive substance that the intended recipient is prepared to accept receipt of the radioactive substance.
5. The applicant must give the Chief Executive written notice of the relocation of the radiation source within 7 days after the relocation happens.

Application for Approval to Relocate a Radiation Source



Please read the instructions before completing this form.
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PAGE 1

To the Chief Executive:

1. Name of Applicant *(name of the possession licensee as stated on the possession licence.)*

2. Applicant's possession licence number: _____

3. Expiry date as stated on the possession licence: _____

4. 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: _____

5. This is an application to relocate:
- an ionising radiation apparatus
 - a laser apparatus
 - a solarium
 - a radioactive substance

6. Description of the radiation source for which the approval is required *(complete details over)*

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

8. How many pages are in this application? *(Please number all pages where indicated.)* _____

9. Payment of fee *(Please note that this application will not be complete unless the appropriate fee is included)*

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 on the page attached to this form)*

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 radiation apparatus the applicant wishes to relocate *(All sections on this page must be completed.)*

A. Manufacturer of the radiation apparatus

B. Model of the radiation apparatus

C. For ionising radiation apparatus:

Control panel serial number

Tube manufacturer Tube model

Tube serial number Tube peak kV

Peak mA

For laser apparatus or solarium:

Apparatus serial number

Wavelength (nm) Power output (W)

D. Where is the radiation apparatus currently located? *(Specify the street address, building, room and floor number, where possible (e.g. Room 6, Level 8, Joseph Bloggs Building, 233 Railway Street, Plumville, Qld.):*

E. Name and address of the individual or company who will be taking possession of the radiation source in the jurisdiction into which the source is proposed to be relocated.

F. Applicant's reason for wanting to relocate the radiation source.

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

Particulars of the sealed radioactive substance the applicant wishes to relocate (All sections on this page must be completed.)

A. Radionuclide *e.g. Cs137* Chemical form *e.g. CsCl*

B. Activity (MBq) Date of Measurement

C. Manufacturer of the sealed radioactive substance *e.g. Amersham*

D. Serial number of the sealed radioactive substance *e.g. 2545LM*

E. ISO 2919 Classification of the sealed radioactive substance *e.g. C63441*

F. Competent authority special form certificate number *e.g. GB / 144 / S*

G. Details of the sealed source apparatus incorporating the sealed radioactive substance:

Manufacturer of the sealed source apparatus *e.g. Amdel*

Model of the sealed source apparatus *e.g. AM282*

Serial number of the sealed source apparatus *e.g. 12345*

H. Where is the radiation source currently located? (Specify the street address, building, room and floor number, where possible (e.g. Room 6, Level 8, Joseph Bloggs Building, 233 Railway Street, Plumville, Qld.):

I. Name and address of the individual or company who will be taking possession of the radiation source in the jurisdiction into which the source is proposed to be relocated.

J. Applicant's reason for wanting to relocate the radiation source.

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

Client Number:

Fees to accompany application

Fee payable with this application: \$21.00

(The fee is not payable by State Government Departments)

Note: The 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 fee 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, if necessary
- The prescribed application fee is enclosed
- The correct and full applicant details have been provided
- All questions have been responded to
- All pages in the application are numbered, 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