Application for the Issue of Another Act Instrument

Please read the following instructions before completing this form as incorrect completion of this form or failure to include requested documentation will result in delays.

1. The holder of an Act Instrument may apply for the replacement of the instrument if it has been lost, stolen, destroyed or damaged.

2. The application form must be completed in all respects.

3. The form must be accompanied by the correct fee. The fee changes from time to time. To ensure you are submitting the current application form, and the current fee, the version of the application form you are using should have been obtained recently from either the Radiation Health website (www.health.qld.gov.au/radiationhealth) or from Radiation Health directly. Submission of applications using incorrect forms or accompanied by incorrect fees will result in delays.

CHECK LIST

☐ The prescribed application fee is enclosed
☐ All questions have been responded to
☐ The application form is signed and dated

RETURN COMPLETED FORM TO:

The Chief Executive
c/- Radiation Health Licensing
Health Protection Unit
Queensland Department of Health
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

ENQUIRIES
Email: radiation_health@health.qld.gov.au
Phone: (07) 3328 9310

Note to Applicant:
The Information Privacy Act 2009 sets out the rules for the collection and handling of personal information by the Department of Health. For information about how the Department of Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.
# Application for the Issue of Another Act Instrument

To the Chief Executive:

1. **Name of Applicant** *(name of individual or corporation who holds the licence, certificate or approval)*

2. **Contact details of the person who may be contacted in relation to the application**
   - **Name:**
   - **Telephone Number (work):**
   - **Email Address:**

3. **Address to send Act Instrument**

4. **Details of the Act Instrument to be issued** *(Select only ONE of the following)*:
   - Possession Licence
   - Use Licence
   - Transport Licence
   - Radiation Safety Officer Certificate
   - Accreditation Certificate
   - Continuing Approval to Acquire
   - Approval to Dispose

5. **Reason for wanting the Act Instrument to be issued**
   - Lost
   - Stolen
   - Destroyed
   - Damaged

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

   **Payment information** *(Note: This is a GST free item. Queensland Health ABN: 66329 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:** ________________________________

**Privacy Statement:** The Department of Health provides this form under the Radiation Safety Act 1999 so that you may apply for an Act Instrument. The information and documents collected for the purpose of this application may be accessible by authorised departmental persons. Licence details of successful applicants will be publicly available on the department’s register of holders of licences and certificates as required by the Act. The department will not disclose your personal information or supporting documents to third parties without your consent unless required or authorised by law.
Fees to accompany application

Fee payable with this application:  $23.50
(The fee is not payable by State Government Departments)

Note:  The fee is not refundable if this application is not successful.

Payment of fees  (Please note that this application will not be complete unless the appropriate fee is included when the application is made)

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)

Credit Card payments  (Complete this section if you wish to pay the fees for this application by MasterCard or Visa Card.)

Name of Applicant  (The name stated here should be the same as the name stated in section 1 on the application form.)

Please charge the fees payable $            to my  MasterCard  Visa Card

Name on card  (Please print)

Card Number  Expiry Date

Signature of cardholder  Date