

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.**

Application for the Issue of Another Act Instrument



To the Chief Executive:	Client Number
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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 <i>(work)</i> :
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

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 last page of this form)*

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

Date: _____

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.

Payment of fees *(Please note that this application will not be complete unless the appropriate fees are 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 attached)*

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 fee payable \$ to my Mastercard Bankcard Visa Card

Card number Expiry date /

Name on card *(Please print)*

Signature of cardholder Date

CHECK LIST

- The prescribed application fee is enclosed
- All questions have been responded to
- The application form 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