

Form 20:

Application for an Approval to Acquire an Unsealed Radioactive Substance or Iodine-125 Seeds



Queensland Government

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. The department will not disclose personal information or supporting documents to third parties without consent unless required or authorised by law.

This application form is to be used by possession licensees who are seeking to acquire an unsealed radioactive substance or iodine-125 seeds.

Note: Use one application form per type of unsealed radioactive substance.

To the Chief Executive:

Client Number:

Part A: Details of Possession Licensee

1. Name as it appears on the Possession Licence

2. Possession Licence Number

3. Contact details

Surname

Given Names

Phone No.

Email address

4. Email address for notification of decision

Part B: Details of Radiation Source

1. Type of acquisition:

 Single acquisition - unsealed radioactive substance

 Continuing approval to acquire - unsealed radioactive substance

 Single acquisition - iodine-125 seeds

 Continuing approval to acquire - iodine-125 seeds

Note: The term for a continuing approval to acquire term can be no greater than the term of the applicant's possession licence.

2. Details of type of unsealed radioactive substance to be acquired

Radionuclide:

Chemical form:

Physical form:

3. If single acquisition - total activity (MBq) to be acquired:

4. If continuing approval to acquire - maximum rate of acquisition (e.g. MBq/week):

5. Locations of proposed use of unsealed substance or iodine-125 seeds

Part C: Acquisition Details

1. What is the proposed use of the radiation source?

2. Address of where the radioactive substance is to be stored.

3. Provide details of how you propose to eventually dispose of, relocate, sell or give away the radioactive substance.

Part D: Completion of Application

I hereby apply for an approval to acquire the stated radioactive substance.

Name of applicant or corporate representative:

Signature of applicant or corporate representative:

Date:

OFFICE USE ONLY

ACQUISITION OF THE STATED RADIATION SOURCE: APPROVED / NOT APPROVED

Delegate of the Chief Executive

Date

If approved - approval expiry date: _____

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

Note for the Applicant

The *Information Privacy Act 2009* sets out the rules for the collection and handling of personal information. 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.

How to Submit the Application

- Either:
1. post your signed and completed form, relevant supporting documentation, and payment information to:

The Chief Executive
c/- Public Health Licensing Unit
Health Protection Branch
Queensland Department of Health
PO Box 2368
FORTITUDE VALLEY BC QLD 4006
 - or
 2. for payments via BPoint, email your signed and completed form, relevant supporting documentation, and B-Point payment receipt to: licensing@health.qld.gov.au

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 \$43.05 (from 1 October 2022)

This fee is not refundable.

Payment Options

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

BPoint

Pay online at www.bpoint.com.au/payments/qldradiationlicences — submit a copy of your BPoint Payment Receipt with your completed application

Credit Card Payments

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: