

Form 27:

Application for an Approval to Change an Approved Plan



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. Licence details of successful applicants may be publicly available on the department's register of holders of licences and certificates as required by the Act. 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 persons who wish to change an approved radiation safety and protection plan, security plan, or a transport security plan.

Client No. (if known):

To the Chief Executive:

Application No. (Qld Health use only):

Part A: Details of Applicant

1. Name of Possession Licensee or Transport Security Plan Holder

Name

If applicable, licence number

2. Contact details

Salutation Surname Given Names Phone No. Email Address

3. Email address for notification of decision

Part B: Change Details

1. Details of plan proposed to be changed

 radiation safety and protection plan

 security plan

 transport security plan

Approved Plan ID:

The Plan ID is stated on the approved plan (and on the possession licence if applicable)

2. Attach details of the proposed changes to be made. This should include the part of the plan you are seeking to change, the proposed change and the reason for the change. **Do not submit the changed plan with this application.**

Details of proposed changes attached?

Part C: Completion of Application

I hereby apply for approval to make the changes to the stated approved plan as described in this application.

Name of applicant or corporate representative:

Signature of applicant or corporate representative:

Date:

OFFICE USE ONLY

CHANGE OF PLAN: APPROVED / NOT APPROVED

 Delegate of the Chief Executive

 Date

If approved - the changes take effect 35 days after the date of the approval.

Conditions of approval

Under s32(2), s34(E) and s34(P), you are required to return the following documents to the chief executive within 14 days of the date of this approval:

1. The plan incorporating the approved changes, which has been signed and dated by the possession licensee or authorised representative, or transport security plan holder; and
2. The possession licence (if applicable) in which the plan is identified.

Reason if not approved (*Information Notice for the purpose of 31(7), 34D(7) or 34L(2), as applicable, 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

Please post your signed and completed form, 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

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 \$521.52 This fee is not refundable.

Fees payable increase on 1 October each year. On 1 October 2023, the fee was increased by 3.4% in line with Government's indexation policy.

Payment Options

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

Payment of your application must be made via credit card. Complete payment details below and submit with your completed application.

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: