

Form 17:

Application for an Approval to Acquire a Radiation Apparatus

**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 a radiation apparatus in Queensland.

Note: Use one application form per radiation apparatus.

Client No. (if known):

To the Chief Executive:

Application No. (Qld Health use only):

Part A: Details of Possession Licensee

1. Name as it appears on the Possession Licence

2. Possession Licence details

Possession Licence Number

Expiry Date

3. Contact details

Salutation

Surname

Given Names

Phone No.

Email Address

4. Email address for notification of decision

Part B: Details of Ionising Radiation Apparatus

Only complete this section if an ionising radiation apparatus is proposed to be acquired

Provide the unique details of the apparatus below:

Details of generator or system:

Manufacturer:

Model:

Serial number:

Maximum kV of generator/system:

Maximum mA of generator/system:

Anode material:

Part C: Details of Laser Apparatus

Only complete this section if a laser apparatus is proposed to be acquired

Provide the unique details of the apparatus below:

Details of generator or system:

Manufacturer:

Model:

Wavelength:

Max. power output (mW):

Serial number:

Part D: Acquisition Details

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

2. Address of where the radiation apparatus is to be located.

Post Code

3. Provide details of the individual/company who you are acquiring the radiation source from.

Name

Phone number

Email Address

4. If the radiation source is registered in Queensland to another person, provide the current owner's possession licence number and the apparatus ID number to enable the source details to be transferred.

Licence Number:

Apparatus ID:

Note: The apparatus ID is the apparatus ID supplied by the department when the apparatus was originally acquired.

Part E: Completion of Application

I hereby apply for an approval to acquire the stated radiation apparatus.

Name of applicant or corporate representative:

Signature of applicant or corporate representative:

Date:

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 \$44.52 This fee is not refundable.

Fees payable increase on 1 October each year. On 1 October 2023 our fees were 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)

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: