

**SOUTH AUSTRALIA**  
**APPLICATION FOR A LICENCE TO USE OR HANDLE A**  
**RADIOACTIVE SUBSTANCE (SECTION 28)**



*RADIATION PROTECTION AND CONTROL ACT 1982*

When completing this form PLEASE PRINT CLEARLY

**PERSONAL DETAILS**

Title \_\_\_\_\_ Given names \_\_\_\_\_

Surname \_\_\_\_\_ Birth date \_\_\_\_\_

Previous name (if applicable) \_\_\_\_\_

Gender Male  Female

Correspondence address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Contact Details: Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

**EMPLOYMENT DETAILS**

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Applicant's occupation \_\_\_\_\_

Principal business activity of employer \_\_\_\_\_

**OFFICE USE ONLY**

Amount \$ .... / .... / ....

Owner No.

Receipt No. ....

License No.

Presc. Quals. ....

Condition

Exam Info. .... / .... / ....

RPC .... / .... / ....

Results .... / .... / ....

Full Appr. .... / .... / ....

Temp. Appr. .... / .... / ....

## TYPE OF WORK

Describe work to be performed with radioactive substances

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Please give details of the main radionuclides that you intend to use:

Radionuclide	Activity (Bq)	Sealed/Unsealed

Have you performed the above type of work in the last five years? \_\_\_\_\_

Have you previously held a licence to use radioactive substances in South Australia? \_\_\_\_\_

If yes, state licence number \_\_\_\_\_

## APPLICANT'S QUALIFICATIONS AND TRAINING IN RADIATION PROTECTION

A licence may be granted if an applicant has certain qualifications (please refer to page 4), or has passed an examination relevant to the type of licence sought.

- I have enclosed copies of the relevant qualifications listed on page 4.

If you do not have the required qualifications, a licence may be issued on successful completion of an examination.

Alternatively, a licence may be granted if the Minister is satisfied that the applicant's particular circumstances warrant the granting of a licence as a special case. The Radiation Protection Committee, which considers special cases, meets approximately every three months.

- I wish to have my application considered as a special case. My reasons are (enclose additional pages if required):

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## DETAILS OF PRIOR RADIATION PROTECTION CONVICTIONS

Have you ever been convicted of an offence under any radiation protection legislation? \_\_\_\_\_

If yes, please give details \_\_\_\_\_

Have you ever had a licence (or an application for a licence) to operate radiation apparatus or to use or handle a radioactive substance refused, suspended or cancelled by any radiation licensing authority? \_\_\_\_\_

If yes, please give details \_\_\_\_\_

**DECLARATION:**

I hereby declare that the information provided on this form and in support of this application is to the best of my knowledge complete and true in every particular.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PENALTY FOR PROVIDING FALSE INFORMATION: UP TO \$10,000**

**NOTE:** This form does not constitute a legal application unless it has been properly completed and signed, and is accompanied by the appropriate fee. The form and fee will be returned by mail if insufficient information is provided.

**FEES**

Application fee (non refundable)	\$67.50
Annual licence fee	\$67.50
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<b>TOTAL FEE PAYABLE</b>	<b>\$135.00</b> ( <i>effective until 30 June 2009</i> )

This form can be lodged in person at: 103 King William Street  
KENT TOWN SA 5067

Or by post to: Environment Protection Authority  
Radiation Protection Division  
PO Box 721, KENT TOWN SA 5071

Cheques should be made payable to: Environment Protection Authority

For credit card payment please complete the details below

Cardholder's name .....	<input type="checkbox"/> Visa	<input type="checkbox"/> Bankcard	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex
Card no .....	Expiry date .....			
Amount of payment \$ .....	Cardholder's signature .....			
Telephone no .....				
Credit card payment only accepted within agreed trading terms				

**Enquiries:** Radiation Protection Division  
Tel: 8130 0700  
Fax: 8130 0777

Environment Protection Authority  
ABN 85 393 411 003  
This licence is GST exempt

## Application for a licence to use or handle a radioactive substance— required documents

Applicants must enclose copies of the documents specified below, or bring the original documents to the Radiation Protection Division. **Do not send original documents.**

Profession/type of work	Required documents
Borehole loggers	<ul style="list-style-type: none"> <li>Current WA borehole logging licence (the applicant will need to pass an examination on SA regulations)</li> </ul> <p>All other applicants will need to pass the Division's full examination</p>
Medical physicists	<ul style="list-style-type: none"> <li>Current ACPSEM accreditation in radiation oncology medical physics, or</li> <li>MSc or PhD degree in a field related to medical physics (the applicant will need to pass an examination on SA regulations)</li> </ul> <p>All other applicants will need to pass the Division's full examination</p>
Nuclear medicine technologists	<ul style="list-style-type: none"> <li>Current membership of ANZSNM or</li> <li>Letter from head of nuclear medicine department stating that you are eligible for accreditation from ANZSNM</li> </ul>
Nuclear medicine specialists	<ul style="list-style-type: none"> <li>Current registration with SA Medical Board, and</li> <li>Current membership of ANZAPNM</li> </ul>
NDT (industrial) radiographers	<ul style="list-style-type: none"> <li>ATTAR NDT radiation safety course [2007 onwards]</li> <li>ATTAR NDT radiation safety course [2001–2006] or full and current WA industrial radiography licence (the applicant will need to pass an examination on SA regulations)</li> </ul> <p>All other applicants will need to pass the Division's full examination</p>
Radiation oncologists	<ul style="list-style-type: none"> <li>Current registration with SA Medical Board, and</li> <li>Current membership of FRANZCR</li> </ul>
Other professions or types of work	Pass an examination set by the Division