



RADIATION SAFETY ACT
FIRST APPLICATION FOR A LICENCE / EXEMPTION FROM LICENCE
IRRADIATING APPARATUS and/or ELECTRONIC PRODUCTS

SUBMISSION REQUIREMENTS CHECKLIST

1. Complete this checklist and the attached application form

Complete all sections (1 to 6) of the application for licence form, ensuring that the information you enter is complete, accurate and legible.

*This form is for **irradiating apparatus and/or electronic products**. If you also intend to work with radioactive substances, a separate licence / exemption application is required.*

- Applicant information

Provide your residential or postal address.

If you are an employee at a large organisation and your need for a licence is specific to that organisation, you should first discuss the application with the organisation's Radiation Safety Officer. Your employer has a number of obligations to fulfil as the 'registrant' under the Act and may prefer to process renewal applications centrally to ensure that those obligations are met.

- Purpose of licence and qualifications

Briefly describe the purpose(s) for which the licence is required. A licence may be granted –

- to operate, use, manufacture, store, sell, possess, install, service, maintain, repair, test, or otherwise deal with x-ray equipment and/or prescribed electronic products.*
- for one or more purposes; it may specify the type(s) of x ray equipment and electronic products with which the licensee may deal.*

Information on [Licence Prerequisites](#) is available on the Council website. Your formal qualifications should be given in full. Any additional training and experience relevant to the purpose of the application should also be stated.

Licences may be subject to a number of conditions, compliance with which is required under Section 36 of the Act. Failure to comply is an offence.

- All industrial radiography applicants only

Industrial radiography is a non-destructive testing technique used in an industrial environment.

Licence applicants for industrial radiography must submit a clear head and shoulders digital photograph with a plain background, not more than three years old, together with a scanned image of any of the following forms of photo identification –

- Current driver's licence issued by an Australian state or territory (front only); or*
- Proof of age card or Photo Card issued by an Australian state or territory; or*
- Current passport issued in Australia or overseas (photo and date page).*

2. Calculate payment

Calculate and enter your payment in the Tax Invoice table below.

TAX INVOICE		
FEES ARE GST FREE	FEE	TOTAL
1-year licence fee	\$ 100	
3-year licence fee	\$ 200	
Fee exempt	See note on right →	

A fee is payable **UNLESS** —

- you are applying for an Exemption from Licence (this includes beauty therapists and nurses applying for cosmetic laser use), or
- you are a State Government employee, working for an organisation recognised as “non-chargeable” by Treasury. Note: Hospitals are chargeable institutions.

3. Finalise payment (unless exempt)

Payments are now accepted only through BPOINT with the Commonwealth Bank, either by –

- phone on 1300 BPOINT (1300 276 468); or
- online at www.bpoint.com.au/pay/radiologicalcouncil.

Receipts are issued through BPOINT. Provide your BPOINT receipt number:



Billers Code: 1947985

Reference: Use your Last Name followed by your Date of Birth in ddmmmyyy format

For example: for John Smith born 18 September 1975, would use reference “Smith18091975”.

4. Sign and submit the application form

The processing of your application will not commence until both the completed application **and** full fee (where applicable) have been received.

Sign the application

The applicant must sign the form personally.

Return a copy of all pages and any attachments by email

Scan the completed checklist and application, ensuring that the scan is legible. Submit the application via email to radiation.licensing@health.wa.gov.au.

Retain a copy of the completed application for your records.

Once approved, your licence or exemption is personal and cannot be transferred to another person.

Renewal notices will be issued one to two months preceding expiry. Notify our office if you change your details. Your licence is invalid if the renewal application is not received by the Radiological Council before the expiry date. You may be committing an offence if you continue to deal with x-ray equipment, prescribed electronic products or radioactive substances after that date.

Should you need assistance please call our office on 08 9222 0888 and press 1 for admin and clerical queries and 2 for technical and scientific queries.

RADIATION SAFETY ACT 1975

APPLICATION FOR LICENCE*

in respect of

IRRADIATING APPARATUS and/or ELECTRONIC PRODUCTS

Please refer to the accompanying notes when completing the form.

Please PRINT or TYPE.

1. Applicant Information. *Renewal notices will be sent to the address stated below.*

Last Name	First Name	Next Initial	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

<input type="text"/>	
State	Postcode

Tel	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>

e-mail

Date of Birth (day/month/year) / /

2. Occupation:

3. Qualifications, training and experience of the Applicant relevant to this application to operate, use or otherwise deal with irradiating apparatus and/or prescribed electronic products. Attach copies of any documents which support the application:

4. Type of irradiating apparatus and/or prescribed electronic products to be operated, used or otherwise dealt with by the Applicant:

Tick the boxes which are relevant to the application

- X-ray
- Laser
- Other → Describe other _____

5. Purpose(s) for which the licence* is required:

6. Location(s) at which it is intended to operate, use or otherwise deal with the irradiating apparatus and/or prescribed electronic products:

ENQUIRIES: Phone 08 9222 0888 or email radiation.licensing@health.wa.gov.au

Return the checklist and signed form with any supplementary documents to:

Email radiation.licensing@health.wa.gov.au

SIGNATURE of applicant _____ **Date** _____

PRINT NAME _____

Office Use Only	Ref / Sequence Number: <input type="text"/>
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