

*Radiation Protection Act 2005*

**Form RPA0002-Company:**

## **APPLICATION FOR LICENCE**

## **TO DEAL WITH**

## **RADIATION APPARATUS – NON-IONISING**

### **(Partnership or Company)**

SECTION 1: INFORMATION ABOUT THE APPLICANT & PURPOSE OF THE APPLICATION

SECTION 2: INFORMATION ABOUT THE RADIATION APPARATUS (LASER, IPL or MRI)

SECTION 3: INFORMATION ABOUT EACH PERSON

SECTION 4: AGREEMENT & AUTHORISATION

SECTION 5: FEE CALCULATOR

Please refer to 'Radiation Licence Information for Applicants' for further information on licensing.  
This information can also be accessed at [www.dhhs.tas.gov.au/publichealth/radiation](http://www.dhhs.tas.gov.au/publichealth/radiation)

## INFORMATION ABOUT COMPLETING THE APPLICATION

This form can be used:

- by individuals or organisations when the company, body corporate or partnership is to be legally responsible for the licence, eg dental practice, dermatology practice, private hospital, university.

If you intend to do any or all of the following, then you are **'dealing with radiation apparatus'** and require a licence: **acquire, possess, store, use, manufacture, sell, install, service, repair, dispose of.**

1 The application must be in writing and an invoice for the prescribed application fee of \$202.24 (this fee is non-refundable) will be issued on receipt of your application.

2 The completed application should be returned by:

Email: [radiation.protection@dhhs.tas.gov.au](mailto:radiation.protection@dhhs.tas.gov.au), or

Fax: **03 6222 7257**, or

Post: **Radiation Protection Unit  
Department of Health & Human Services  
GPO Box 125  
HOBART TAS 7001**

**Only return relevant, completed pages**

3 During the application process, the Director of Public Health may consult with the applicant and may, at any time, request further information to be provided within a specified period.

4 Where all relevant information is provided with the application and the application fee has been paid, the Director of Public Health will generally make a decision within 90 days from receipt of the application.

5 When returning the application, please ensure that all relevant information has been provided (refer to the checklist of attachments in Section 4).

**Incomplete applications will cause delays**

6 Please note that if your application for a licence is successful, a separate invoice will be issued, and once payment is received, a licence document will be issued.  
Section 5 of this form explains how your licence fee is calculated.  
Licences are issued annually and expire on 31 August each year. The fee for a new licence is calculated pro rata on a daily basis, from the date on which the application is determined.

7 Any dealing with a radiation source without a licence may be an offence under the *Radiation Protection Act 2005*.

8 You are required to advise the Department of Health & Human Services as soon as possible of any changes to the information provided in this application.

9 If you have any questions about the application, or the licensing requirements generally, please contact the Radiation Protection Unit on (03) 6166 7256 or [radiation.protection@dhhs.tas.gov.au](mailto:radiation.protection@dhhs.tas.gov.au)

**SECTION I: INFORMATION ABOUT THE APPLICANT & PURPOSE OF THE APPLICATION**

**PLEASE PRINT**

**I The Applicant**

In this application, **the applicant** is the legal entity making application for a licence and includes a partnership and a company. If the application is approved, **the applicant (partnership or company)** will be the licence holder.

Full name of **partnership or company** applying for the licence

Trading name (if applicable)

ABN	ACN
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Where the applicant is a **partnership**, provide the names of all partners (see also Question 3a)

Where the applicant is a **company**, provide the names of all directors and any other persons concerned with the management of the company (see also Question 3a)

*Please note the legal obligations/liabilities of the above people in Sections 78 & 79 of the Radiation Protection Act 2005*

Name and address of parent organisation, if applicable

**2 Business address** *Note: The full and correct physical address of the practice location is required*

Street address		
Town/suburb	State	Postcode

**3 Business contact details**

Postal address (if different from above)		
Town/suburb	State	Postcode

Address and name of person for <b>invoice/receipt</b> (if different from above)		
Town/suburb	State	Postcode

Phone	Fax
Mobile	Email

Full name of contact person for application queries	
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Phone	Email
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**3a Person authorised to sign**

Full name & job title of person authorised to sign on behalf of the partnership or company	
Phone	Email

**4 Purpose**

Description of purpose for which a licence for radiation apparatus is required
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## 5 Radiation/Laser/IPL Safety Officer

Name(s) of nominated Radiation/Laser/IPL Safety Officer(s) and any Deputy - see duties of Radiation/Laser/IPL Safety Officer in Regulation 9 (3) of Radiation Protection Regulations 2016

## 6 Type of radiation practice

### Tick one or more of these

- Irradiation of persons
- Irradiation of animals
- Other (e.g. irradiation of inanimate objects, sell, service, repair, install)

### AND one or more of these

- Diagnostic
- Research
- Therapy
- Surgical
- Dental
- Cosmetic
- Industry
- Entertainment

## 7 Indicate all licence dealings necessary for this radiation practice

Tick appropriate box – may be more than one

- Possess\*
- Store
- Use\*
- Acquire
- Sell (as a supplier)\*
- Service
- Repair
- Install
- Manufacture
- Dispose of\*
- Other (please specify)

\*Possess Includes having the radiation apparatus under control in any place, whether or not another person has the physical custody of the radiation apparatus.

**Note: A Radiation Management Plan must be submitted with an application for a licence to possess. See 'Radiation Licence Information for Applicants'.**

\*Use

Includes –

- (a) use radiation emitted from the radiation apparatus; and
- (b) cause the radiation apparatus to emit radiation.

**Note: A current Certificate of Compliance is required for each apparatus. See 'Radiation Licence Information for Applicants'.**

\*Sell (as a supplier) Includes:

- (a) auction, exchange or supply; and
- (b) keep, expose, supply or receive for sale; and
- (c) send or deliver for sale; and
- (d) cause or permit the doing of an act mentioned above in point (a), (b) or (c); and
- (e) offer or attempt to do an act mentioned above in point (a), (b) or (c); and
- (f) offer or attempt to sell; and
- (g) cause or permit to be sold.

\*Dispose of Includes bury, hire out, lease, transfer the ownership or custody of and transfer the responsibility for the apparatus.

## SECTION 2: INFORMATION ABOUT THE RADIATION APPARATUS (LASER, IPL or MRI)

Copy this page if required

### 8 Apparatus Complete details for each item (Laser or IPL or MRI)

#### LASER

Manufacturer	Class of laser As per AS 2211.1:2004 (IEC 60825-1:2001)	<input type="checkbox"/> 3B <input type="checkbox"/> 4
Model		
Wavelength	Maximum power	

If your application is to 'sell, service, repair and/or install' radiation apparatus, go to Question 9

**\* Required for this application**

* Proposed acquisition date
* Supplier's name
* Installation engineer's name
* Installation engineer's Tasmanian radiation licence number L /

**+These details to be provided on installation of the apparatus once known**

+Serial number	+ Date of manufacture
+Service arrangements	
+Tasmanian Certificate of Compliance number _____ / ____ / ____ / _____ <i>(unit must have a current Certificate of Compliance to be used)</i>	

OR

#### IPL

Manufacturer	Model
Wavelength range	Maximum energizing flux (joules cm <sup>2</sup> )

If your application is to 'sell, service, repair and/or install' radiation apparatus, go to Question 9

**\* Required for this application**

* Proposed acquisition date
* Supplier's name
* Installation engineer's name
* Installation engineer's Tasmanian radiation licence number L /

**+These details to be provided on installation of the apparatus once known**

+Serial number	+ Date of manufacture
+Service arrangements	
+Tasmanian Certificate of Compliance number _____ / ____ / ____ / _____ <i>(unit must have a current Certificate of Compliance to be used) Once applicable standard is available</i>	

OR

### MRI

Manufacturer	Magnet size (Tesla)
Model	
Diagnostic resonance imaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical analysis (NMR) <input type="checkbox"/> Yes <input type="checkbox"/> No

If your application is to 'sell, service, repair and/or install' radiation apparatus, go to Question 9

#### \* Required for this application

* Proposed acquisition date
* Supplier's name
* Installation engineer's name
* Installation engineer's Tasmanian radiation licence number L /

#### +These details to be provided on installation of the apparatus once known

+Serial number	+ Date of manufacture
+Service arrangements	
+Tasmanian Certificate of Compliance number _____ / ____ / ____ / _____ (unit must have a current Certificate of Compliance to be used) Once applicable standard is available	

## 9 Registered place in Tasmania for radiation apparatus

If a place in Tasmania is intended to be utilised for the storage/use of the radiation apparatus and has not already been registered for that purpose, then you will be required to complete an 'Application for Registration of a Place' and pay the prescribed fee, before the place can be authorised to be used for this purpose.

Premises identification (location name or room number as per building plan or indicate "Various" if applicable – e.g. for service, repair, install)	
Street address	Postcode
Town/suburb	
Certificate of Registration number for this place (if available)	AP /

Blank page – to assist separate printing of Section 3 for each person



### SECTION 3: INFORMATION ABOUT A PERSON

(which may include the person named in Question 3a)

Each person must complete Section 3 (Questions 10-16)

PLEASE PRINT

#### 10 Your details

Title (Mr, Mrs, Dr)	Given name/s	Surname
Date of birth	Sex	M / F
Job title		
Business phone	Business fax	
Business mobile	Business email	

#### 11 Category *Note: This is the category of person used for licensing purposes*

*Tick the appropriate boxes (also indicate whether you will act as the Radiation, Laser or IPL Safety Officer)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Diagnostic Radiographer(MRI)* | <input type="checkbox"/> Laser Physician*                    | <input type="checkbox"/> Veterinarian**          |
| <input type="checkbox"/> Radiologist*                  | <input type="checkbox"/> Laser Therapist Level 1             | <input type="checkbox"/> Research Scientist      |
| <input type="checkbox"/> Medical Specialist*           | <input type="checkbox"/> Laser Therapist Level 2             | <input type="checkbox"/> Industrial Operator     |
| <input type="checkbox"/> General Practitioner*         | <input type="checkbox"/> Laser Operator (Operational Checks) | <input type="checkbox"/> Service Technician      |
| <input type="checkbox"/> Nurse*                        | <input type="checkbox"/> Laser Operator (Scientific Testing) | <input type="checkbox"/> Sales Person            |
| <input type="checkbox"/> Dentist*                      | <input type="checkbox"/> Laser Display Operator              | <input type="checkbox"/> Manager/General Manager |
| <input type="checkbox"/> Chiropractor*                 | <input type="checkbox"/> Laser Protection Advisor            | <input type="checkbox"/> Executive Officer       |
| <input type="checkbox"/> Physiotherapist*              | <input type="checkbox"/> IPL Therapist                       | <input type="checkbox"/> Other (specify)         |
| <input type="checkbox"/> Podiatrist*                   |  |  |
- PLUS  Radiation/Laser/IPL Safety Officer

\* Must be registered with the Australian Health Practitioner Agency (AHPRA)

\*\* Must be registered with the Veterinary Board of Tasmania

#### 12 (a) YOUR intended dealing(s) with the radiation apparatus *Tick appropriate box or boxes*

- |   |                                     |   |                                  |
|---|-------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Possess              | <input type="checkbox"/> Store      | <input type="checkbox"/> Use                    | <input type="checkbox"/> Acquire |
| <input type="checkbox"/> Sell (as a supplier) | <input type="checkbox"/> Service    | <input type="checkbox"/> Repair                 | <input type="checkbox"/> Install |
| <input type="checkbox"/> Manufacture          | <input type="checkbox"/> Dispose of | <input type="checkbox"/> Other (please specify) |                                  |

#### (b) If you have ticked 'USE' above, what are YOU going to 'USE' the apparatus on?

*Tick appropriate box or boxes*

- Humans - if the apparatus is a laser or IPL, answer part (c) over page
- Animals - go to part (d) over page
- Inanimate objects – scientific or industrial practices - go to part (d) over page
- Inanimate objects – operational checks - go to part (d) over page

**(c) For LASER and/or IPL USE ONLY. If you ticked 'use-humans', please specify:**

- i) Class of laser/IPL**  Class 3B  Class 4  IPL  
*Tick appropriate box or boxes*

**ii) Type of 'use'**

*Tick appropriate box*

- Dentistry
- Ophthalmology
- Otolaryngology
- Plastic & Reconstructive Surgery
- Dermatology
- Urology
- Vascular Surgery (Endovenous ablation)
- General Surgery
- Gynaecology
- Non-ablative & hair depilation treatments only – as an IPL Therapist
- Non-ablative, fractional ablative & hair depilation treatments only – as a Laser/IPL Physician
- Non-ablative & hair depilation treatments only – as a Laser Therapist Level 1
- Non-ablative, fractional ablative & hair depilation treatments only – as a Laser Therapist Level 2
- Low Intensity Laser Therapy
- Other (specify)

**(d) For ALL users of the radiation apparatus, what level of responsibility for checking the apparatus will you have?**

*Tick appropriate box or boxes*

- Carrying out routine checks and reporting if not satisfactory
- Carrying out periodic (calibration) checks and suspending use if not satisfactory
- Conducting testing following repairs or maintenance and authorising apparatus for use if the results of testing are satisfactory

**(e) Which type(s) of apparatus will you be dealing with?** *Tick appropriate box or boxes*

- Dental laser
- Ophthalmology laser
- Surgical laser
- Cosmetic laser
- Dermatology laser
- Low intensity (Class 3B) laser
- Alignment laser
- Laboratory laser
- Entertainment (laser projection) laser
- Surface profiling laser
- Cosmetic IPL
- MRI
- Other (specify)

**13 Professional registration – qualifications - training**

- Current professional registration certificate – **if you are a member of a registered profession (e.g. AHPRA) you must attach evidence of your current registration before your application can be considered**

*Tick appropriate box or boxes and attach evidence for each*

- Tertiary qualification(s)
- Current professional membership certificate
- Current accreditation certificate
- Radiation/laser/IPL protection training course certificate
- Radiation Safety Officer training course certificate
- Laser Safety Officer training course certificate
- IPL Safety Officer training course certificate
- Other (please specify)

## 14 Experience *Tick appropriate boxes*

Have you ever performed the intended dealing/work with the type(s) of apparatus you are applying to deal with?  Yes  No

If yes, was that in the last three years?  Yes  No

If yes to either or both questions, state the type(s) of apparatus, when and where

What experience do you have in radiation protection relevant to your proposed dealing(s)?

If you hold or have previously held a licence to deal with radiation apparatus, indicate when and where  
**Please attach a copy of any current radiation licence(s)**

## 15 Probity – convictions/deregistration

Have you in relation to any dealing with a radiation source or a dangerous good, whether in Tasmania or elsewhere

- a) been convicted of an offence, or  Yes  No
- b) had revoked any licence, registration, accreditation or other authorisation?  Yes  No

**If the answer is “yes” to either of the above, attach details of the circumstances and reasons why there is no cause to reject your application.**

## 16 DECLARATION - by the same person as named in Question 10

I declare that the information I have provided in Questions 10 to 15 above and in support of my responses above is complete and true. I understand that giving false or misleading information is a serious offence under the *Radiation Protection Act 2005*.

I accept that the Director of Public Health may obtain a report from the Commissioner of Police or a government department, statutory authority or agency in order to determine this application.

I have read the Personal Information Statement below and consent to the Department of Health and Human Services collecting, using and disclosing my personal information in order to assess this application and for other purposes permitted under the *Radiation Protection Act 2005*.

Name (please print)

Signature

Date

### Personal Information Statement

Your personal information is collected in connection with an application for a licence under s 20 of the *Radiation Protection Act 2005* and will be used by the Director of Public Health or his delegate and the Department of Health & Human Services for the purpose of managing, assessing, advising upon and determining the relevant application and may be used for other purposes permitted by the *Radiation Protection Act 2005*. Failure to provide the information may result in the application being delayed or not being considered. The information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the Department, the Radiation Advisory Council, regulatory authorities in other jurisdictions, law enforcement agencies, courts and other organisations authorised to collect it. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to the Director of Public Health. You may be charged a fee for this service.

## SECTION 4: AGREEMENT & AUTHORISATION

This section to be completed by the person named in Question 3a as being authorised to sign on behalf of the partnership or company, named in Question 1

### 17 Probity

To the best of the applicant's knowledge, have any of the following been convicted of an offence, or had revoked any licence, registration, accreditation or other authorisation, relating to any dealing with a radiation source or a dangerous good, whether in Tasmania or elsewhere? If so, provide details of the circumstances and reasons why there is no cause to reject the applicant's application.

Any of the directors or partners	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach details)
Any of the other persons, with responsibility for the licence, named in Question 1	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach details)
Do you wish to declare any other matters relevant to the determination of this application?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach details)

### 18 DECLARATION

I,	(please print full name)
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- hereby declare that the information provided in this application and in support of this application is to the best of my knowledge complete and true in every particular;
- understand that giving false or misleading formation is a serious offence under the *Radiation Protection Act 2005*;
- hereby declare that I, and where applicable, each director, or other person concerned with the management of the company, or each partner, knows and accepts that the Director of Public Health may obtain a report from the Commissioner of Police or a government department, statutory authority or agency in order to determine this application; and
- authorise the Director of Public Health to disclose information in relation to this application for the purposes of enabling the Director of Public Health to confirm the information provided in this application and in support of this application.

Signature	Date
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### Checklist of Attachments

- Radiation Management Plan, if application includes 'to possess' radiation apparatus
- Separate pages for each radiation apparatus
- When applicable, a current Tasmanian Certificate(s) of Compliance for all apparatus to be used (unless previously provided to the Director of Public Health). Can be submitted when the apparatus is installed.
- When applicable, a completed application form for registration of a place (if the place does not already have a certificate of registration)
- Separate pages for each person proposing to deal with the radiation apparatus
- Copies of professional registration, qualifications, professional memberships, etc for each person named in Section 3 proposing to deal with the radiation apparatus
- Details relating to probity – convictions/deregistration, if required

## SECTION 5: FEE CALCULATOR

Type of fee	Amount (\$) 2018/2019 <sup>1</sup>
Application for <b>licence</b>	\$202.24 payable only once for the first application and not on subsequent renewals of the licence
Application to <b>amend</b> an authority	\$80.58
Application to <b>amend</b> or substitute an approved radiation management plan	\$80.58
<b>Licence</b> <sup>2</sup> to use a radiation apparatus	\$202.24
<b>Licence</b> to possess and use <b>1</b> radiation apparatus	\$325.48
<b>Licence</b> to possess and use <b>2</b> radiation apparatus	\$453.46
<b>Licence</b> to possess and use <b>3</b> radiation apparatus	\$777.36
<b>Licence</b> to possess and use <b>4</b> radiation apparatus	\$891.12
<b>Licence</b> to possess and use <b>5</b> radiation apparatus	\$1,216.60
<b>Licence</b> to possess and use more than <b>5</b> radiation apparatus	\$222.78 times the number of apparatus
<b>Licence</b> to possess and use a linear accelerator	\$1,074.40 times the number of apparatus
Additional annual fee for <b>licence</b> to possess and store but not use radiation apparatus (applies when some apparatus are in use and some are 'store only')	\$50.56 for each radiation apparatus in storage plus applicable annual licence fee for possess and use
<b>Licence</b> to possess but not store or use radiation apparatus	\$202.24 plus \$50.56 for each item
<b>Licence</b> to sell, repair, service or install radiation apparatus:	
Authorising <b>1</b> to <b>5</b> people	\$325.48
Authorising <b>6</b> to <b>10</b> people	\$453.46
Authorising <b>more than 10</b> people	\$649.38
<b>Licence</b> to possess and store but not use radiation apparatus (applies when <i>all</i> apparatus are 'store only')	\$202.24 plus \$50.56 for each item
<b>Licence</b> to sell radiation source	\$202.24
<b>Certificate of registration</b> for a radiation place	\$325.48
<b>Certificate of accreditation</b> authorising holder to test radiation source for the purpose of issuing certificate of compliance for radiation source	\$161.16 for 1 year \$284.40 for 2 years \$395.00 for 3 years
<b>Certificate of accreditation</b> authorising holder to issue certificate of compliance for radiation place	\$161.16 for 1 year \$284.40 for 2 years \$395.00 for 3 years
<b>Replacement</b> of an authority	\$94.80

<sup>1</sup> All fees are calculated using a fee unit of \$1.58 (supplied by Department of Treasury and Finance for 2018/2019 financial year).

<sup>2</sup> All licence fees are payable annually.