

REGISTRATION APPLICATION

Ionising radiation apparatus used in diagnostic imaging



Office of
Environment
& Heritage

ABN 30 841 387 271

Form approved under s 7(4) Radiation Control Act 1990

TAX INVOICE

Dental, mammography, fixed or mobile radiography, fixed or mobile fluoroscopy, computed tomography or bone mineral densitometry

- (1) Applications must be made by or on behalf of the actual owner(s) of the apparatus, which may be an individual (or individuals), a company, or a corporation such as an Area Health Service.
- (2) An application cannot be in the name of an employee, or use an employee's licence number.
- (3) The **owner(s), if a company**, must have a licence to use and/or sell/possess diagnostic imaging apparatus to possess the apparatus.
- (4) The date of inspection on the certificate of compliance attached to this application must be less than six months prior to applying for registration.
- (5) Information on registration is available on the radiation web page at www.environment.nsw.gov.au/radiation or by contacting the Office of Environment and Heritage on 131 555.

1. Details of owner(s) of apparatus

PLEASE PRINT CLEARLY

Radiation licence no. of owner(s):			
If applicable (not an employee)			
Owner is: (please tick one and give details)			
if applicable (not an employee)			
<input type="checkbox"/> A company:	<i>Name</i>		
OR	<i>ACN or ARBN</i>		
<input type="checkbox"/> An individual:	<i>Title</i>	<i>Given name(s)</i>	<i>Family name</i>
(if more than one, attach a separate sheet)			
AND if applicable)	<i>ABN</i>	<i>Business name</i>	
Street address or registered office:			
(not a PO box)	<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
Postal address and fax for correspondence:			
	<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
	<i>Fax No</i>		
Contact person:	<i>Title</i>	<i>Given names</i>	<i>Family name</i>
	<i>Position</i>		
	<i>Organisation</i>		
Postal address:			
	<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
Contact details:			
	<i>Tel (BH)</i>	<i>Mobile</i>	
	<i>Fax</i>		
	<i>Email</i>		

2. Location of apparatus

Site name and address:			
	<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
Specific location on site: (e.g. Building C, room 227)			
Site contact person:	<i>Title</i>	<i>Given names</i>	<i>Family name</i>
	<i>Tel</i>	<i>Fax</i>	

3. Type of practice

Please tick **one** only:

- | | | |
|--|---|---|
| <input type="checkbox"/> Government hospital | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Educational institution (medical) |
| <input type="checkbox"/> Private hospital | <input type="checkbox"/> Mobile radiology | <input type="checkbox"/> Educational institution (veterinary) |
| <input type="checkbox"/> Medical centre | <input type="checkbox"/> Radiology | <input type="checkbox"/> Scientific/research institution (medical) |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Nuclear medicine | <input type="checkbox"/> Scientific/research institution (veterinary) |
| <input type="checkbox"/> Veterinary | <input type="checkbox"/> Other (please specify) | |

4. Details of apparatus

Please tick **one** of the following categories of use:

Note this registration will not be valid for any use other than that specified below. Any change of use will require a new application for registration, and a new Certificate of Compliance.

- | | |
|--|--|
| <input type="checkbox"/> Fixed dental radiography | <input type="checkbox"/> Mobile dental radiography |
| <input type="checkbox"/> Fixed radiography | <input type="checkbox"/> Mobile radiography |
| <input type="checkbox"/> Fixed fluoroscopy | <input type="checkbox"/> Mobile fluoroscopy |
| <input type="checkbox"/> Fixed radiography/fluoroscopy | <input type="checkbox"/> Mobile radiography/fluoroscopy |
| <input type="checkbox"/> Fixed mammography | <input type="checkbox"/> Mobile mammography |
| <input type="checkbox"/> Computed tomography | <input type="checkbox"/> Panoramic radiography (with/without ceph. attachment) |
| <input type="checkbox"/> Bone mineral densitometry | |

Please note: Only ONE X-ray machine may be listed below

Use a new form for each machine.

Details	Manufacturer	Model no.	Serial no.
Control console/generator			
X-ray tube housing (one or more)	1		
	2		
	3		
X-ray tube insert (one or more)	1		
	2		
	3		

Note: You must attach a copy of a certificate of compliance to this application. The certificate of compliance must be issued by a Consulting Radiation Expert accredited by the Office of Environment and Heritage.

Compliance certificate no.

CRE name

CRE accreditation no.

5. Declaration (To be completed by the owner of the apparatus)

I declare that the information I have supplied in this application is not false or misleading in a material particular.

Name (please print)	Signature	Position	Date
Authority to sign as <input type="checkbox"/> The applicant, or <input type="checkbox"/> A person authorised by the applicant			Common Seal, Public Authority Seal or Council Seal (if used)
A person who signs on behalf of a Company must provide proof that they have authorisation by the company to sign on its behalf i.e. use of seal or by attaching supporting documentation or letter.			

Please note:

1. The registration fee of \$155 (GST exempt) must accompany this form.
2. A photocopy of a *current* certificate of compliance must be attached (i.e. the date that the apparatus was inspected is less than 6 months prior to making this application).
3. Your 'personal information' is collected and held by the Office of Environment and Heritage, 59-61 Goulburn Street, Sydney NSW 2000. The information is collected in order to process and consider your application. If you fail to supply all the information requested your application cannot be processed. The information may be used for other purposes relating to the administration and enforcement of the *Radiation Control Act 1990*. You have a right to access or correct your 'personal information' in accordance with the provisions of the *Privacy and Personal Information Protection Act 1998*.
4. If the registration is approved a Certificate of Registration will be forwarded. The Certificate of Registration will include conditions of registration.

***** PLEASE ENSURE DETAILS ARE COMPLETE *****

Payment details

Payment can be made by credit card, cheque or money order. Cheques and money orders should be made payable to the Office of Environment and Heritage in Australian currency.

Visa Mastercard Cheque Money order

Card number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry: _ _ / _ _

Card holder's name: _____ Amount: \$ _____

Card holder's signature: _____ Telephone: () _____

Checklist for applicants

Before sending your application, please ensure:

- The owner's licence number is shown at question 1
- All relevant sections have been completed
- The \$155 registration fee is attached
- The form has been signed by an authorised person
- A photocopy of a current certificate of compliance is attached

Send completed form to:
Licensing and Registration Team
Hazardous Materials, Chemicals and Radiation Section
Office of Environment and Heritage
Department of Premier and Cabinet
PO Box A290
SYDNEY SOUTH NSW 1232
Tel: 131 555
Fax: 02 9995 6603
Email: info@environment.nsw.gov.au
Web: www.environment.nsw.gov.au

The Office of Environment and Heritage (OEH) performs the functions of the Environment Protection Authority (EPA)