

RENEWAL AND NOTIFICATION OF CHANGE OF REGISTRATION DETAILS



Office of Environment & Heritage

ABN 30 841 387 271

TAX INVOICE

Ionising radiation apparatus used in diagnostic imaging, radiotherapy and planning of radiotherapy

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

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

- (1) This form is used to notify the Office of Environment and Heritage of changes to registration details. If you wish to transfer a registration into the name of another person, you must use the form "Application for transfer of registration and notification of sale or give away".
- (2) If the apparatus is fixed and the site location has changed, you will need to supply a copy of a Certificate of Compliance with this form.
- (3) If modifications have been made (e.g. a new tube inserted) you will need to supply a copy of a Certificate of Compliance with this form.
- (4) If the apparatus use has been changed (e.g. from veterinary to medical) then the registration is cancelled. This form cannot be used - you will need to obtain a Certificate of Compliance and complete a new registration application.
- (5) You must show a registration number and customer number at Part A. This information identifies your apparatus, and will not be changed.
- (6) For questions 2 to 4, **fill in ONLY those details which have changed.**
- (7) Information on registration is available on the radiation web page at www.environment.nsw.gov.au/radiation or by contacting OEH on 131 555.

PART A

All items must be completed

1. Registration details

Registration No. of apparatus:	<input style="width: 95%;" type="text"/>
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PART B

Complete only those details to be changed

2. Details of owner(s) of apparatus

Owner is: (please tick one and give details)		
<input type="checkbox"/>	A company:	Name
		ACN or ARBN
OR		
<input type="checkbox"/>	An individual:	Title Given name(s) Family name
	(If more than one attach a separate sheet)	
AND		
	(if applicable)	ABN Business Name
Street address or registered office: (not a PO box)		
	Suburb	State Postcode
Postal address and fax for correspondence:		
	Suburb	State Postcode
	Fax	
Contact person:		
	Title	Given names Family name
	Position	
	Organisation	
Postal address:		
	Suburb	State Postcode

Contact details:

Tel (BH) Mobile

Fax

Email

3. Location of apparatus

If the apparatus is a fixed unit and has been relocated, you must attach a copy of a current Certificate of Compliance.

Site name and address:

Suburb State Postcode

Specific location on site:
(e.g. Building C, room 227)

Site contact person: Title Given names Family name

Tel Fax

4. Details of apparatus

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

If there are changes to the details below you must attach a copy of a current Certificate of Compliance.

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		

5. Certificate of compliance

If a Certificate of Compliance is required, please enter the details here. Also attach a photocopy of the certificate to this form.

Compliance certificate no. CRE name CRE accreditation no.

PART C

All items must be completed

6. 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 The applicant, or A person authorised by the applicant

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.

Common Seal, Public Authority Seal or Council Seal (if used)

Please note:

1. Copies of documents where required must be certified by a Justice of the Peace and attached to this form. **Do not send originals.**
2. A copy of a Certificate of Compliance must be attached for renewals.
3. When the changes are confirmed and updated, a registration certificate will be forwarded to you.
4. Your 'personal information' is collected and held by the Office of Environment and Heritage (OEH), 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*.

*** 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 notification, please ensure:

- o A registration number is shown at question 1
- o A photocopy of a current certificate of compliance is attached
- o The renewal fee is attached where applicable
- o The form has been signed

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)**