

# REGISTRATION APPLICATION

## Ionising radiation apparatus used for radiotherapy or radiotherapy planning purpose



Office of  
Environment  
& Heritage

ABN 30 841 387 271

Approved under s.7(4) Radiation Control Act 1990

### TAX INVOICE

## Linear accelerator, kilovoltage therapy x-ray, simulator, general radiography for planning

- (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)** must have a licence to use or a licence to sell/possess radiotherapy apparatus to possess the apparatus.
- (4) Information on registration is available on the radiation licensing web page at [www.environment.nsw.gov.au/radiation](http://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): <small>(not an employee)</small>	<input style="width: 95%;" type="text"/>
Owner is: <small>(please tick one and give details)</small>	
<input type="checkbox"/> A company:	Name _____
<b>OR</b>	ACN or ARBN _____
<input type="checkbox"/> An individual: <small>(if more than one, attach a separate sheet)</small>	Title _____ Given name(s) _____ Family name _____
<b>AND</b> <small>(if applicable)</small>	ABN _____ Business Name _____
Street address or registered office: <small>(not a PO box)</small>	
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 _____	

### 2. Location of apparatus

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

### 3. Type of practice

Please tick **one** only:

- |  |   |
|--|---|
| <input type="checkbox"/> Government hospital | <input type="checkbox"/> Dermatology            |
| <input type="checkbox"/> Private hospital    | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Medical centre      |   |

### 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.*

- |   |   |
|---|---|
| <input type="checkbox"/> Linear accelerator     | <input type="checkbox"/> Kilovoltage therapy x-ray (superficial / orthovoltage) |
| <input type="checkbox"/> Simulator              | <input type="checkbox"/> General radiography for planning only                  |
| <input type="checkbox"/> Other (please specify) |   |

**Please note: Only ONE apparatus may be listed below**

Use a new form for each apparatus.

Details	Manufacturer	Model no.	Serial no.
<b>Control/generator</b>			
<b>X-ray tube housing (one or more)</b>	1		
	2		
<b>X-ray tube insert (one or more)</b>	1		
	2		
<b>Linear accelerator</b>		<b>All other apparatus</b>	
Max x-ray energies _____		Max kVp _____	
Max electron energies _____		Max mA _____	

### 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
<b>Authority to sign as</b> <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:**

- The registration fee of \$155 (GST exempt) must accompany this application.
- 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*.
- 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:

- A 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

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](mailto:info@environment.nsw.gov.au)

Web: [www.environment.nsw.gov.au](http://www.environment.nsw.gov.au)

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