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| **Application for a Licence to Possess Radiation Sources in the Northern Territory**  **Radiation Protection Plan (this application is called a radiation protection plan (RPP).**  **If granted, your licence is the principal licence for your operation or practice.**  *Radiation Protection Act* | |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
| Before you fill in the form The fee for this licence is 100 revenue units per application, the unit price is determined by the Territory Revenue Office. Payment can be made to the “Receiver of Territory Monies” (RTM) at (08) 8999 1606.  **Employees of the Northern Territory Government are exempt from paying the fee.** ABN 84 085 734 992.  For further information and submitting applications contact Radiation Protection on (08) 8922 7152 or email [radiationprotection@nt.gov.au](mailto:radiationprotection@nt.gov.au) PO Box 40596, Casuarina NT 0811.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Payment Details | | | | | | | Amount Paid |  | Receipt Number |  | Date of Payment |  |  Radiation Activities that you are applying for: | |

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| **Possess** | **Acquire** | **Dispose of** | **Manufacture** | **Sell** |
| **Store** | **Transport** | **Use** | **Otherwise deal with** | |
| **Have you attached Certificates of Compliance: Yes ☐ No ☐**  You must select either yes or no. If you have selected no, your application may not be approved. | | | | |

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| Application Information |

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| **Title & Name of applicant: PRINT** only |  | | |
| **Date of birth:** | **Signature of applicant:** | | |
| **Position held by applicant:** | | | |
| **Qualification, experience, professional membership:** | | |  |
| **Name of Company:** | | | **ABN:** |
| **Trading name of the practice or operation:** | | | |
| **Business Address:** | | | |
| **Postal address if different from above:** | | | |
| **Telephone number:** | | **Mobile number:** | |
| **Email address:** | | | |
| **Name and address of owner of source (if different from above):** | | | |
| **Name of occupier of radiation place (if different)** | | | |

Background of Practice: **The background of the operation should be described such as nature of the practice (operation), purpose of radiation sources, and other appropriate details.**

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Description of sources**: The details of all sources of radiation are included in this section. Certificates of compliance (CoC) for all sources must be less than three years old from date of issue and must be attached with the application.**

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| **Manufacturer** | **Model** | **Serial Number** | **CoC issue date** | **Attached Yes/No** |
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Compliance**: Compliance with all statutory requirements and applicable codes of practice must be listed here.**

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Facilities for radiation control: **General plan of the work area, shielding design of the practice, written procedures for the control of radiation sources, should be described in this section.**

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Controlled areas: **A controlled area is the area where the radiation sources are used or stored. List and describe controlled areas and how access is controlled. For example –  
X-ray or CT room in a diagnostic radiography practice is a controlled area, exposure bay in an industrial radiography practice is a controlled area.**

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Radiation Monitoring Equipment: **Any new or modified practice must undertake personal radiation monitoring. Please also include details of your radiation survey meters or testing equipment.**

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Dose Records: **Personal radiation dose records and patient dose records must be kept in accordance with the applicable code of practice.**

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Record Keeping: **This may include previous audit outcome, procedure to keep patient and staff dose records, record of any source disposal.**

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Emergency (remediation) procedures: **Names and telephone numbers of contacts should be included. Full details of your Radiation Protection Advisor should be included here. In the case of spilled radioactive material, clean-up methods should either be included in full, or fully referenced in the RPP.**

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Disposal: **Disposal must be in accordance with the NT code of practice. The principal licence holder may nominate a holder of a certificate of accreditation to decommission and facilitate disposal. NOTE: You must tick SELL on the requirements at the top of this form to dispose of any radiation source.**

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Security of Radioactive Sources: **Source security (this includes storage) must be described for security enhanced sources.**

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Environment: **Information must be provided on the environmental impact of unsealed radioactive material and NORM.**

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## Full name and details of other persons holding an authority in relation to the practice.

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| **Name** | **Date of Birth** |
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