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| Before you fill in the form The fee for this licence is 100 [revenue units](https://nt.gov.au/employ/money-and-taxes/taxes,-royalties-and-grants/territory-revenue-office/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.  ***If you currently hold an interstate licence you may be able to apply for automatic mutual recognition (AMR). Please attach your interstate licence to the application form. AMR may result in waived fees.*** | | | | | | | | | | | | | |
| Payment Details | | | | | | | | | | | | | |
| $ | | Date: | |  | | | Receipt Number: | |  | | | | |
| Application Information (Please also provide previous licence number, if applicable) | | | | | | | | | | | | | |
| Name:  (Title and Full Name) |  | | | | | | | **Workplace position title:** | | | |  | |
| **Date of birth:** |  | | | | **Telephone:** | | |  | | **Mobile:** | |  | |
| **Applicants signature:** | | |  | | | | | | | **Date:** | |  | |
| Applicant’s email address: | | | | | |  | | | | | | | |
| Name, address & ABN of workplace | | | | | |  | | | | | | | |
| Address for correspondence: | | | | | |  | | | | | | | |
| Qualifications:  (Attach evidence if new application eg: training certificate or AHPRA Registration) | | | | | |  | | | | | | | |
| Select from the following: **use, transport, or otherwise deal with a radiation source.** Select only those activities relevant for your application. | | | | | | | | | | | | |  |
| Please provide a brief statement on the nature of your work: | | | | | | | | | | | | | |
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