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|  |  | | | | | | | | | | |
| 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.**  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. ABN 84 085 734 992. | | | | | | | | | | | |
| Owner Information | | | | | | | | | | | |
| Name | | |  | | | | | | Signature |  | |
| Company Name | | |  | | | | | | Company ABN |  | |
| Physical Address | | |  | | | | | | | | |
| Address for Correspondence | | |  | | | | | | | | |
| Business Number | | |  | | | | Mobile Number | | |  | |
| Email | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| Source Information | | | | | | | | | | | |
| Intended Use | | | OR (Please pick ONE option from only ONE of the available drop-down fields) | | | | | | | | |
| Manufacturer | | |  | | | | | **Year Manufactured** | | |  |
| Model | | |  | | | | | **Serial Number** | | |  |
| Registered Interstate | | | | | Yes  No If Yes attached copy of registration. | | | | | | |
| **Type of Radionuclide** | | |  | | | | | **Security Category** | | |  |
| **Physical Form** | | |  | | | | | **Chemical Form** | | |  |
| **Activity** | | |  | | | | | **Activity Determination Date** | | |  |
| **Special Form Certification** | | | | | | Yes  No | | | | | |
| **Manufacturer** | | | |  | | | | **Year Manufactured** | | |  |
| **Model** | | | |  | | | | **Serial Number** | | |  |
| **Date of issue of *Certificate of Compliance*** | | | |  | | | | **Container Model & Serial Number** | | |  |
| **Comments** | |  | | | | | | | | | |
| End of form | | | | | | | | | | | |