|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | |
| In order to issue a certificate of compliance, you must hold a certificate of accreditation.  A person to act as a radiation protection advisor may apply for a certificate of accreditation to test radiation sources. This person may issue a certificate of compliance for a radiation place to be enclosed with all licence applications certifying that all radiation sources are safe to use.  The fee for this licence is 100 revenue units per accreditation, 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 | | | | | | | | | |
| Fee Paid to RTM? | |  | | | | | | | |
| Amount Paid | |  | Receipt Number |  | | Date of Payment | | |  |
| Applicant Information | | | | | | | | | |
| Name  (Title and Full Name) | |  | | | **Date of Birth** | | |  | |
| Position of Applicant | |  | | | | | | | |
| **Experience/Qualifications** Please list here and also attach evidence of claims. | |  | | | | | | | |
| **Nature of your work** Please provide a brief statement on the nature of your work. | |  | | | | | | | |
| Workplace Information | | | | | | | | | |
| **Company Name** As it appears in the Australian Business Registrar (ABN/ACN) <http://www.abr.business.gov.au/> | |  | | | | | | | |
| **Address**  **Suburb | State | Postcode** | |  | | | | | | | |
|  | |  | |  | | |  | | |
| **Address for Correspondence**  **Suburb | State | Postcode** | |  | | | | | | | |
|  | |  | |  | | |  | | |
| **Business Phone** | |  | | **Mobile Phone** | | |  | | |
| **Fax** | |  | | **Other** | | |  | | |
| **Email** | |  | | | | | | | |
| **Please select your required functions:** | | Install | | Test | | | Repair | | |
|  | | Service | | Decommission | | |  | | |
| Further information Radiation Protection  Department of Health  PO Box 40596  Casuarina 0811  Telephone: (08) 8922 7152 Email: [radiationprotection@nt.gov.au](mailto:radiationprotection@nt.gov.au) Webpage: www.nt.gov.au | | | | | | | | | |
| End of form | | | | | | | | | |
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PLEASE SEE THE NEXT PAGE FOR DETAILS OF RADIATION MEASURING INSTRUMENTS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Details of Radiation Measuring Instruments | | | | | | |
| **#** | **Make** | **Model | Serial No.** | **Percentage Error\*** | **Types of Radiation Detected** | **Useful Range of Measurement** | **Last Calibration Date** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |

\*Referring to maximum percentage error due to energy response only