

# REGISTRATION APPLICATION

## Ionising Radiation Apparatus Used in Diagnostic Imaging

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



ABN 43 692 285 758  
Radiation Control Section  
NSW EPA  
59-61 Goulburn Street  
SYDNEY

### Dental, Mammography, Fixed or Mobile Radiography, Fixed or Mobile Fluoroscopy, Computed Tomography or Bone Mineral Densitometry

Notes:

- (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 sell/possess diagnostic imaging apparatus to possess the apparatus.
- (4) The date of inspection on the certificate of compliance attached to this application must be less than six months prior to applying for registration.

#### 1. DETAILS OF OWNER(S) OF APPARATUS

PLEASE PRINT CLEARLY

Owner is:(please tick one and give details)	Radiation licence no. of owner(s): (not an employee)		
<input type="checkbox"/> A company:	Name .....		
<input type="checkbox"/> OR	ACN or ARBN .....		
<input type="checkbox"/> An individual: (if more than one, attach a separate sheet)	Title .....	Given names .....	Surname .....
<input type="checkbox"/> AND (if applicable)	ABN .....	Business Name .....	
Street address or registered office: (not a PO box)	Suburb .....	State .....	Postcode .....
Postal address and fax for correspondence:	Suburb .....	State .....	Postcode .....
	Fax No .....		
Contact person for EPA enquiries:	Title .....	Given names .....	Surname .....
	Position .....		
	Organisation .....		
Postal address:	Suburb .....	State .....	Postcode .....
Contact details:	Tel (BH) .....		Mobile .....
	Fax .....		
	E-mail .....		

#### 2. LOCATION OF APPARATUS

Site name and address:	.....		
	Suburb .....	State .....	Postcode .....
Specific location on site: (eg. Building C, room 227)	.....		
Site contact person:	Title .....	Given names .....	Surname .....
	Tel .....		Fax .....

#### 3. TYPE OF PRACTICE

Please tick one only:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Government Hospital | <input type="checkbox"/> Chiropractic           | <input type="checkbox"/> Educational Institution (Medical)            |
| <input type="checkbox"/> Private Hospital    | <input type="checkbox"/> Mobile Radiology       | <input type="checkbox"/> Educational Institution (Veterinary)         |
| <input type="checkbox"/> Medical Centre      | <input type="checkbox"/> Radiology              | <input type="checkbox"/> Scientific/Research Institution (Medical)    |
| <input type="checkbox"/> Dental              | <input type="checkbox"/> Nuclear Medicine       | <input type="checkbox"/> Scientific/Research Institution (Veterinary) |
| <input type="checkbox"/> Veterinary          | <input type="checkbox"/> Other (please specify) |   |

#### 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. Any change of use will require a new application for registration, and a new Certificate of Compliance.**

- |  |  |
|--|--|
| <input type="checkbox"/> Fixed Dental Radiography      | <input type="checkbox"/> Mobile Dental Radiography                             |
| <input type="checkbox"/> Fixed Radiography             | <input type="checkbox"/> Mobile Radiography                                    |
| <input type="checkbox"/> Fixed Fluoroscopy             | <input type="checkbox"/> Mobile Fluoroscopy                                    |
| <input type="checkbox"/> Fixed Radiography/Fluoroscopy | <input type="checkbox"/> Mobile Radiography/Fluoroscopy                        |
| <input type="checkbox"/> Fixed Mammography             | <input type="checkbox"/> Mobile Mammography                                    |
| <input type="checkbox"/> Computed Tomography           | <input type="checkbox"/> Panoramic Radiography (with/without Ceph. attachment) |
| <input type="checkbox"/> Bone Mineral Densitometry     |  |

**Please note: Only ONE X-ray machine may be listed below**

Use a new form for each machine.

Details	Manufacturer	Model No	Serial No
<b>Control Console/Generator</b>			
<b>X-ray Tube Housing (one or more)</b>	1		
	2		
	3		
<b>X-ray Tube Insert (one or more)</b>	1		
	2		
	3		

Note: You must attach a copy of an EPA certificate of compliance to this application. The certificate of compliance must be issued by an EPA accredited Consulting Radiation Expert.

Compliance certificate no

CRE name

CRE accreditation no.

#### 5. DECLARATION

(To be completed by the owner of the apparatus)

I declare that the information I have supplied in this form is not false or misleading in a material particular

Name (please print)

Signature

Position

Date

Authority to sign as

- The owner of the X-ray apparatus, or  
 A person authorised by the owner(s) of the X-ray apparatus

**Please note:**

- The prescribed registration fee (GST exempt) that must accompany this form is **\$155.00**.
- A photocopy of a current certificate of compliance must be attached (ie the date that the apparatus was inspected is less than 6 months prior to making this application).
- Cheques or money orders are payable to the Environment Protection Authority.
- Credit cards (Visa, Mastercard and Bankcard) accepted.
- If the registration is approved a Certificate of Registration will be forwarded. The Certificate of Registration will include conditions of registration.

**\*\*\* INCOMPLETE APPLICATIONS CANNOT BE PROCESSED \*\*\***

Common seal, Public Authority Seal or Council seal (if used)

Visa

Mastercard

Bankcard

Card Number: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

Expiry: \_ \_ / \_ \_

Card Holder Name:

Amount: \$

Card Holder Signature:

Telephone: ( )

**Checklist for applicants**

**Send completed form to:**

Before sending your application, please ensure:

- A licence number is shown at question 1
- All relevant sections have been completed
- The \$155.00 registration fee is attached
- The form has been signed by an appropriate person
- A photocopy of a current certificate of compliance is attached

Licensing and Registration Team  
 Radiation Control Section  
 Environment Protection Authority  
 PO Box A290  
 SYDNEY SOUTH NSW 1232  
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 email: [radiation@epa.nsw.gov.au](mailto:radiation@epa.nsw.gov.au)