

Application for New Use Licence

Radiation Safety Act 2016



APPLICANT

Surname

Title

Given names

Name of establishment/facility

Physical/Postal address

Contact phone number

Email

TRAINING AND EXPERIENCE

Qualifications

Radiation safety knowledge and experience

Documentation of training in radiation safety

Enclosed

 Include course certification or a signed declaration from a person responsible for the training

Documentation of previous experience

Enclosed

 How to use this form:

- Save this form to the computer and open in Adobe Acrobat.
- All the fillable form fields will be highlighted.
- Fill each field by selecting it and typing.
- Save the form to the computer and email it to orsenquiries@health.govt.nz

All sections must be filled in unless not applicable.

Please email completed form at orsenquiries@health.govt.nz or
mail to Office of Radiation Safety, Ministry of Health PO Box 5013, Wellington 6140

REFEREES

Names and contact details of two referees who can attest to your training and experience

1)	2)
Referee Name	Referee Name
Contact phone number	Contact phone number
Email	Email

LICENCE DETAILS

Licence purpose(s)

Medical therapy	Veterinary
Nuclear medicine	Scientific
Medical diagnosis	Industrial
Dental	Installation and servicing
Proposed activities	Radiation sources to be used

Licence Term & Fee

1 year - \$469.20	2 years - \$756.70	3 years - \$1,044.20.
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SIGNATURE

I declare that the information given in this application is true and correct.

Signed

Date

The fee is set by law and is non-refundable in total or part once the licence is granted.
The application cannot be processed until the fee is received.
Please complete and send this application form via email to: orsenquiries@health.govt.nz

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