

# 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](mailto:orsenquiries@health.govt.nz)

**All sections must be filled in unless not applicable.**

Please email completed form at [orsenquiries@health.govt.nz](mailto: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

<b>1)</b>	<b>2)</b>
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](mailto:orsenquiries@health.govt.nz)

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