

# RADIATION SOURCE REGISTRATION TRANSFER OF OWNERSHIP

## PURPOSE

This form is to be used to transfer the existing registration of a radiation source to a new owner.

## PRIVACY

The collection of personal information is required by this form for the purposes of registering a radiation source under the *Radiation Protection Act 2006*. The Health Protection Service (HPS) prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

## HEALTH PROTECTION SERVICE CONTACT INFORMATION

Trading Hours: 9.00am – 4.30pm Monday to Friday

### Website:

[www.health.act.gov.au/hps](http://www.health.act.gov.au/hps)

### General Enquires:

(02) 5124 9700

### Email Address:

[hps@act.gov.au](mailto:hps@act.gov.au)

### Fax Number:

(02) 5124 5554

## INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- This transfer form must be filled out by the new owner and signed by both the current registered owner and the new owner.
- The current registration certificate (or a copy) must be attached to this application.
- All regulated radiation sources must be covered by a relevant Radiation Management Plan (RMP). An updated RMP should be submitted with this application. Visit [www.health.act.gov.au/businesses/radiation-safety/register-radiation-source](http://www.health.act.gov.au/businesses/radiation-safety/register-radiation-source) for further information.
- If the source is to be owned by a company, a current ASIC company extract must be supplied (see part A)
- Photo identification must be supplied (see part C)
- Complete this form using a black or blue pen only.
- There are **no fees** associated with this transfer.

*Registration is issued to the owner of the radiation source, who is the person(s) who will have the overall responsibility for the source, including responsibility for any contraventions of the Act.*

Accordingly:

(1) Trusts will not be registered. Companies operating as trustees for a trust will be registered in the Company name only.

(2) Applications listing a partnership as the owner will not be accepted. If your business is operated by a partnership, one or more of the individuals in the partnership will need to be listed.

(3) Parts B and C of this application form must be separately completed for each individual listed as an owner. Extra copies of Parts B and C are available at [www.health.act.gov.au/hps](http://www.health.act.gov.au/hps) or by contacting the HPS office.

**Is the registration to be issued to a Corporation (a Company, Incorporated Association, Government agency or a Registered Charitable Organisation)?**

**YES**  **Complete PART A, C and D** of this application. NB: Trusts or Partnerships will not be registered. Companies operating as trustees for a trust will be registered in the Company name only.

**NO**  **Complete PART B, C and D** of this application. Separate details must be completed for each individual listed as an owner.

**Confirmation of identity will need to be produced either:**

1. In person at the Health Protection Service office; or
2. By submitting certified copies via post/email/fax to the HPS office.

## TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

## COMPLETED FORMS AND PAYMENT TO BE RETURNED

 **In Person:**

Health Protection Service  
Howard Florey Centenary House  
25 Mulley Street  
HOLDER ACT 2611

 **By Post:**

Health Protection Service  
Locked Bag 5005  
WESTON CREEK ACT 2611

 **By Fax:**

(02) 5124 5554

 **By Email:**

[hps@act.gov.au](mailto:hps@act.gov.au)

*If the application is faxed or emailed, please do not post the original.*

**APPLICANT CHECKLIST****If applying as an INDIVIDUAL**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Part B completed and signed: Ownership details for an individual (one copy for each owner)  |
| <input type="checkbox"/> | Part C complete: Owner address  |
| <input type="checkbox"/> | Part D complete: Proof of identification (one copy for each owner)  |
| <input type="checkbox"/> | One form of current photographic identification (for each signatory) presented in person at the Health Protection Service<br><b>OR</b><br>One form of current photographic identification (for each signatory) sighted and certified by an authorised witness for each signatory. |
| <input type="checkbox"/> | Part E complete: Source registration details  |
| <input type="checkbox"/> | Signed by <b>current</b> licence/registration holder  |
| <input type="checkbox"/> | Declaration signed by new licence/registration holder   |
| <input type="checkbox"/> | Attached current licence/registration certificate (or a copy)   |

**If applying as a CORPORATION**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Part A completed and signed: Ownership details of a company   |
| <input type="checkbox"/> | Attached current company extract issued by the Australian Securities and Investment Commission (ASIC)   |
| <input type="checkbox"/> | Part C complete: Owner address  |
| <input type="checkbox"/> | Part D complete: Proof of identification (for company agent)  |
| <input type="checkbox"/> | One form of current photographic identification presented in person at the Health Protection Service<br><b>OR</b><br>One form of current photographic identification sighted and certified by an authorised witness for each signatory. |
| <input type="checkbox"/> | Part E complete: Source registration details  |
| <input type="checkbox"/> | Signed by <b>current</b> licence/registration holder  |
| <input type="checkbox"/> | Declaration signed by new licence/registration holder   |
| <input type="checkbox"/> | Attached current licence/registration certificate (or a copy)   |

**PART A – NEW OWNERSHIP DETAILS FOR A COMPANY (Do NOT complete if you are applying as an individual)**

*A copy of the Company's current extract (issued within the previous 30 days) from the Australian Securities and Investment Commission (ASIC) must be attached*

**AUSTRALIAN COMPANY NUMBER (A.C.N.) - Leave blank if an Incorporated Association, Government agency or a Registered Charitable Organisation**

**PART B – NEW OWNERSHIP DETAILS FOR AN INDIVIDUAL (Do NOT complete if you are applying as a company)****TITLE (Mr, Ms)****GIVEN NAMES****FAMILY NAME****PART C – NEW OWNER ADDRESS (If applying as a company – registered company address must be provided)**

*(Property Name, Unit, Flat Number, Street Number, Street Name)*

**CITY / SUBURB / TOWN****STATE / TERRITORY****POSTCODE****PART C – NEW OWNER POSTAL ADDRESS (If different to above owner address)****CITY / SUBURB / TOWN****STATE / TERRITORY****POSTCODE****HOME TELEPHONE NUMBER****MOBILE NUMBER****WORK TELEPHONE NUMBER****EMAIL ADDRESS****DECLARATION**

I, \_\_\_\_\_, confirm that the information supplied on this page is true and accurate and understand that the provision of false or misleading information is an offence.

Signature: \_\_\_\_\_  
*(For Companies - Signature of authorised agent only)*

Position Title (Companies): \_\_\_\_\_

Date: / /

**PART D – PROOF OF IDENTIFICATION (Must be completed for company and individual)**

One form of current photographic identification sighted and certified by an authorised witness must be provided for each signatory in Parts A or B.

A list of authorised witnesses for true and correct copy can be found at:

<http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>

The witness should include the following text on a certified copy:

**EXAMPLE**

**CERTIFIED TRUE COPY OF THE ORIGINAL**

*I certify that this is a true and accurate copy of the original document sighted by me.*

*Full Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ Authority to sign: \_\_\_\_\_ Phone: \_\_\_\_\_*

**ACCEPTABLE FORMS OF PHOTOGRAPHIC IDENTIFICATION – Examples below**

- Driver's licence
- Proof of age or identity card issued by a State/Territory
- Passport

**FORMS OF IDENTIFICATION PROVIDED**

| Type | Number | Expiry Date | Certified Copy Attached  |
|------|--------|-------------|--------------------------|
|      |        |             | <input type="checkbox"/> |
|      |        |             | <input type="checkbox"/> |

**Note for Multiple Owners:** (for example partnerships) Copies of Part C are available at [www.health.act.gov.au/hps](http://www.health.act.gov.au/hps) or by contacting the HPS.

**PART E – SOURCE REGISTRATION DETAILS - (Must be completed)**

**CURRENT REGISTRATION DETAILS**

Current Registration Number: \_\_\_\_\_ Expiry Date on Registration Certificate  
RS \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Source: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Current source location: \_\_\_\_\_

Current Registered Owners Name: \_\_\_\_\_

Original Registration Certificate Attached:

**CURRENT REGISTRATION HOLDER DECLARATION - Must be signed by the current registered owner**

Please transfer this registration to the new entity stated in part A or B of this application

Signature of current owner: \_\_\_\_\_ Date: / /

Full Name: \_\_\_\_\_

Name of Company (if applicable): \_\_\_\_\_

Date ownership changes take effect: / /

**DETAILS OF NEW OWNERS LICENCE TO POSSESS A RADIATION SOURCE**

Existing Licence to Possess

Name: \_\_\_\_\_

Licence Number: RS \_\_\_\_/\_\_\_\_

New application has been submitted separately

Name: \_\_\_\_\_

Date submitted: \_\_\_\_\_

**NEW OWNER CONTACT DETAILS**

**NEW BUSINESS/TRADING NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE (BH):** \_\_\_\_\_

**MOBILE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SUBURB:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**POSTCODE:** \_\_\_\_\_

**DECLARATION (New owner to complete)**

I declare that I am authorised to supply all the information above; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this application.

I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.

**NAME:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_