

# Form 24 – APPLICATION LICENCE TO OPERATE RADIATION APPARATUS

Section 24, Radiation Protection and Control Act 2021



An online application can also be lodged here [Radiation licensing | EPA](#)

## Applicant details

Surname  Given names   
Birth date   
Previous name (if applicable)   
  
Correspondence address   
Suburb  Post code   
Telephone  Mobile   
Email

## Employment details

Occupation   
Name of employer   
  
Address   
Suburb  Post code

## Type of work

Brief description of work to be performed and the specifics of the apparatus (include details of the type of radiography or X-ray analysis that you intend carrying out)

Have you previously held a licence to operate such X-ray apparatus in South Australia? Yes  No

If yes, state licence number

In the last five years have you held a licence in another Australian State or Territory to perform the above type of work? Yes  No

If yes give details, eg location, employer, interstate licence details (please provide copies).

OFFICE USE ONLY	
Amount \$ <input type="text"/>	Licence no: <input type="text"/>
Date <input type="text"/>	Employer no: <input type="text"/>
Receipt no <input type="text"/>	

## Supporting documentation

As part of the licence to operate radiation apparatus application, all applicants must include supporting documentation for the basis on which you are applying for a licence.

I have a qualification listed on page 4 of this form and have attached a copy of the qualification.

I am the holder of an equivalent authority granted by an Australian jurisdiction and wish to apply for mutual recognition. I have attached a Statutory Declaration and a notice in accordance with section 19 of the Australian Government's *Mutual Recognition Act 1992*. Refer to

- [Mutual Recognition Act 1992 \(legislation.gov.au\)](http://legislation.gov.au)
- [Statutory declarations | Attorney-General's Department \(ag.gov.au\)](http://ag.gov.au)

I have previously held a South Australian licence within the last five years, to carry on the relevant operations and activities, but my licence has lapsed.

I have exceptional circumstances to warrant being treated as a special case and attach documentation supporting my case.

I do not have a relevant qualification or meet the other criteria listed above. Note: If unsure, please verify with the EPA that you meet the necessary pre-requisites eligible for radiation licensing PRIOR to submitting your application form. Eligible non-qualified applicants are generally required to successfully complete a relevant EPA examination. The EPA will provide you with information on the examination after submission of this application. If you have already successfully completed a relevant EPA examination, you may attach a copy of the notification issued by the EPA examination administrator.

## Details of prior radiation protection convictions

Have you ever been convicted of an offence under any radiation protection legislation and/or ever been found guilty of an offence involving dishonesty or violence? Yes      No

If yes, please give details

Have you ever had a licence (or an application for a licence) to operate radiation apparatus, or to use or handle a radioactive material, or an accreditation as a compliance tester having been refused, suspended, or cancelled by any radiation licensing authority? Yes      No

If yes, please give details

## Declaration

I declare that the information provided on this form and in support of this application is to the best of my knowledge complete and true in every particular.

Applicant's signature

Date

## PENALTY FOR PROVIDING FALSE INFORMATION: UP TO \$20,000

This form does not constitute a legal application unless it has been properly completed and signed by the applicant and is accompanied by the appropriate fee.

## Fees

Application fee (non-refundable)	\$320
Annual licence fee	\$141
<b>Total fee payable</b>	<b>\$461</b>

The fees are applicable for applications lodged after 30 June 2024 and prior to 1 July 2025. GST Exempt

## Lodgement of form

This form can be lodged by post to: Environment Protection Authority  
Radiation Protection Branch  
GPO Box 2607, ADELAIDE SA 5001

or email: [EPARadiationProtectionBranch@sa.gov.au](mailto:EPARadiationProtectionBranch@sa.gov.au)

Cheques should be made payable to: Environment Protection Authority

### For credit card payment please complete the details below

Cardholder's name	Visa	MasterCard	Amex
Card no			
Amount of payment \$	Cardholder's signature		
Telephone no	CVV No (back of card)	Expiry date	

Credit card payment only accepted within agreed trading terms

NOTE: The EPA does not have the facility to handle cash payments

## Enquiries

Radiation Licensing Officer

Tel: (08) 8463 7826

Email: [EPARadiationProtectionBranch@sa.gov.au](mailto:EPARadiationProtectionBranch@sa.gov.au)

*Environment Protection Authority  
ABN 85 393 411 003  
This licence is GST exempt*

## Supporting documentation

Applicants must enclose copies of the relevant documents specified below. Unless otherwise specified, uncertified copies of documents are accepted.

Profession/type of work	Required documents
<ul style="list-style-type: none"> <li>• Practice of diagnostic radiography</li> <li>• Diagnostic radiography in the practice of radiology</li> <li>• Diagnostic radiography (except fluoroscopy or tomography) in the practice of medicine <sup>Note 1</sup></li> <li>• Diagnostic radiography in the practice of chiropractic</li> <li>• Diagnostic radiography in the practice of dentistry <sup>Note 2</sup></li> <li>• Practice of radiation oncology</li> <li>• Practice of radiation therapy</li> </ul>	<p>Registration with of the Australian Health Practitioner Regulation Agency (AHPRA) in the relevant speciality. Please enclose a copy of proof of current registration.</p>
<ul style="list-style-type: none"> <li>• Diagnostic radiography in the practice of veterinary science (excluding fluoroscopy or tomography) <sup>Note 3</sup></li> </ul>	<p>Veterinary Surgeon: Registration with the Veterinary Surgeons Board of South Australia (VSBSA). Please enclose a copy of proof of current registration;</p> <p>Veterinary Technologist/Technician; Veterinary Nurse: Bachelor's degree in Veterinary Technology from an Australian University; Certificate IV in Veterinary Nursing</p>
<ul style="list-style-type: none"> <li>• Medical Physicist - diagnostic medical imaging</li> <li>• Medical Physicist - radiation oncology</li> </ul>	<p>Certification with the Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM) or overseas equivalent in the relevant speciality. Please enclose a copy of the certificate.</p>
<ul style="list-style-type: none"> <li>• Industrial radiography</li> </ul>	<p>Certification in NDT Radiography &amp; Radiation Safety by a provider endorsed by the Australian Institute for Non-Destructive Testing Certification Board (AINDT). Please enclose a copy of the certificate.</p>
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li>1. Additional vocational qualification and/or assessment by EPA examination may be required.</li> <li>2. Additional vocational qualification and/or assessment by EPA examination may be required for cone beam computed tomography (CBCT). Dental hygienists are not granted licences for cephalometric radiography. Dental assistants are not granted licences for cephalometric radiography or CBCT.</li> <li>3. Persons registered as a Specialist in Veterinary Diagnostic Imaging with the Veterinary Surgeons Board of South Australia (VSBSA) may be granted a licence to operate apparatus for fluoroscopy or tomography in the practice of veterinary science.</li> </ol>	