

# Form 13A – Application for Accreditation as a Competency Certifier

(Section 33B – Accreditation process)  
Radiation Protection and Control Act 1982



## Personal details

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given names \_\_\_\_\_

Previous name (if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Do you have a radiation licence?      Yes      No      Number \_\_\_\_\_

Correspondence address (eg PO Box, Locked Bag, street number and name)  
\_\_\_\_\_

Suburb \_\_\_\_\_ Post code \_\_\_\_\_

Email \_\_\_\_\_ Contact no \_\_\_\_\_

Do you wish to have your name, email address, and contact number listed on the EPA web page? (this enables applicants for an EPA licence to contact competency certifiers)      Yes      No

## Details of prior radiation protection convictions

Have you ever been convicted of an offence under any radiation protection legislation?      Yes      No

If yes please provide details \_\_\_\_\_

Have you ever had a licence (or an application for a licence) to operate radiation apparatus, to use or handle a radioactive substance or an accreditation refused, suspended or cancelled by any radiation licensing authority?

Yes      No

If yes please provide details \_\_\_\_\_

## Type of accreditation being applied for

Nominate type of accreditation being applied for (select all that apply):

Operate radiation apparatus

Use or handle radioactive substances

In your self-assessment, please specify the scope of competency in respect of which accreditation to assess and certify is being applied for (eg to operate radiation apparatus for gauge operations).

## OFFICE USE ONLY

Amount \$ \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Receipt no \_\_\_\_\_

Presc quals \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

RPC \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

Employer no \_\_\_\_\_

Licence no \_\_\_\_\_

Condition \_\_\_\_\_

Full approval \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

HUB \_\_\_\_/\_\_\_\_/\_\_\_\_

## Applicant qualifications, prior accreditation and training in radiation protection

Indicate the basis on which accreditation is being applied for, including the type of relevant professional qualification(s) you possess. You must enclose a copy of your qualification and training certificates.

### Employment details

Employment status (eg self-employed, employee) \_\_\_\_\_

#### Self-employed/business owner:

Trading or business name \_\_\_\_\_

ABN \_\_\_\_\_ ACN \_\_\_\_\_

#### Employee:

Name and contact details of employer \_\_\_\_\_

Principal business activity of employer \_\_\_\_\_

Correspondence address (eg PO Box, Locked Bag, street number and name)

Suburb \_\_\_\_\_ Post code \_\_\_\_\_

Email \_\_\_\_\_ Contact no \_\_\_\_\_

Please include in your self-assessment a summary of your relevant professional employment history. Include such information as the organisation, job title, years employed, your occupation, and type of work.

### Self-assessment

Please enclose (as an attachment) a self-assessment report that addresses the requirements specified in the policy Accreditation of third-party providers – radiation competency assessment.

### Checklist

- Enclosed a copy of relevant professional qualifications
- Enclosed self-assessment against accreditation policy
- Enclosed proof of successful completion of reaccredited course(s)
- Signed and dated this form

### Declaration

- I hereby 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 \$10,000

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

## Fees

The fees payable are as follows:

Application fee (non-refundable)	\$2,100
Accreditation/renewal fee (1 year)	\$820
<b>Total fee payable on application</b>	<b>\$2,920</b>

## Lodgement of form

This form can be lodged

by post:

Environment Protection Authority

Radiation Protection Branch

GPO Box 2607, ADELAIDE SA 5001

by fax: (08) 8124 4671

by email: [radiationprotection@sa.gov.au](mailto:radiationprotection@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: [radiationprotection@sa.gov.au](mailto:radiationprotection@sa.gov.au)

Environment Protection Authority

ABN 85 393 411 003