

# Application for Use Licence

## Applicant

Surname	<input type="text"/>	Title	<input type="text"/>
Given names	<input type="text"/>		
Postal address	<input type="text"/>		
Contact phone number	<input type="text"/>		
Email	<input type="text"/>		

## Training and experience

Qualifications	<input type="text"/>
Radiation safety knowledge and experience	<input type="text"/>
Documentation of training in radiation safety	<input type="checkbox"/> Enclosed (Include course certification or a signed declaration from a person responsible for the training)
Documentation of previous experience	<input type="checkbox"/> Enclosed

## Referees

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

<b>Referee 1</b>	<input type="text"/>
Contact phone number	<input type="text"/>
Email	<input type="text"/>
<b>Referee 2</b>	<input type="text"/>
Contact phone number	<input type="text"/>
Email	<input type="text"/>

## Licence details

- Licence purpose(s)
- |  |   |
|--|---|
| <input type="checkbox"/> Medical therapy   | <input type="checkbox"/> Veterinary                 |
| <input type="checkbox"/> Nuclear medicine  | <input type="checkbox"/> Scientific                 |
| <input type="checkbox"/> Medical diagnosis | <input type="checkbox"/> Industrial                 |
| <input type="checkbox"/> Dental            | <input type="checkbox"/> Installation and servicing |

Proposed activities

Radiation sources to be used

Proposed licence duration

<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years
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Name of establishment/facility

## Signature

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

Signed

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Date

The prescribed fee for this application is \$109.25 (GST inclusive) for each year of the licence term (licence terms can be 1, 2 or 3 years).

The fee is set by law and is non-refundable in total or part.  
The application cannot be processed until the fee is received.

**Please complete the application form and send to:**

Office of Radiation Safety  
Ministry of Health  
PO Box 4013  
Wellington 6140

Email: [orsenquiries@moh.govt.nz](mailto:orsenquiries@moh.govt.nz)