



Form R113: Electrical worker's permit for imaging equipment

USE ADOBE ACROBAT READER WITH THIS FORM



This form is designed to be used with the **FREE Adobe Acrobat Reader application**. [Click here to download Acrobat Reader](#).
Alternatively the form can be printed and completed by hand, scanned and submitted (with all attached documents).

Checklist

Use this checklist reminder to ensure that you complete all parts of the application and attach all necessary supporting documents.

- A non-refundable application fee
- Permit Fee for **one year** **OR** Permit Fee for **three years**
- Personal and contact details completed
- Identification in accordance with the Proof of ID requirements
- Fit and Proper assessment – Police check attached
- Please attach proof of competency in accordance with the 'Evidence of competency' section on page 2 of the application
- Employer declaration completed
- Declaration completed

Payment

Visit our [Building and Energy Fee Schedule](#) page for current application and registration fees.

Submit and pay for your application:

Online

If you are submitting this form online, you will be able to make payment using the department's payment gateway.

<https://onlineforms.dmirs.wa.gov.au/#/form/638434a7895bd8009045f9f0>

By post (or in person) using your credit card

If you are submitting this form by post (or in person) and are making payment by credit card, you must complete the

Application Payment Form: <https://www.wa.gov.au/media/73896/download?inline> and

attach it to your application.

Enquiries Only

Telephone: (08) 6251 2000

Email (Do Not Email Form)

electricallicensing@demirs.wa.gov.au

Internet: www.demirs.wa.gov.au/building-and-energy

Form R113: Electrical worker's permit for imaging equipment

Please ensure you have provided all required information and supporting documentation as per the application checklist. Failure to submit a complete application may result in the cancellation of your application and loss of the application fee.

Applicant Details

Salutation: Mr Mrs Ms Other, please specify:

Family name: First name:

Other name(s): Date of birth: / /

Residential address

Note: Cannot be a PO Box.

Street address:

Suburb: State: Postcode:

Postal address

Note: A postal address is required for correspondence from the Department.

As above Street address or PO Box:

Suburb: State: Postcode:

Contact details

Phone (home): Phone (work): Phone (mobile):* Email:*

*Required to receive notifications by SMS and email and other important information relevant to your registration.

Proof of Identification

- Please attach identification in accordance with the Proof of ID requirements, available here: <https://www.wa.gov.au/media/50915/download?inline>. Attached

Evidence of competency

- Please attach a copy of your X-ray Licence (if working on X-ray Equipment). (Not required when re-applying with same Employer). Attached
- Please attach a copy of your professional or trade qualifications. (Not required when re-applying with same Employer). Attached
- Please attach a copy of your relevant Certificates for Imaging Equipment. (Not required when re-applying with same Employer). Attached
- Please attach a list of the type of imaging equipment used during your training, issued by your Employer on Company Letterhead. (Not required when re-applying with same Employer). Attached

Form R113: Electrical worker's permit for imaging equipment

Fit and proper assessment

- Australian police check:** You must provide an Australian police check from the approved list of providers, available here: <https://www.wa.gov.au/organisation/service-delivery/police-checks-licensing>. The date of issue of the police check must be within three (3) months of the date you submit this application.

Employer Declaration

Employer **MUST** confirm that the applicant is deemed competent in imaging Equipment

I support this Imaging Permit application and consider
 to be competent to:

"Open and inspect fixed wired imaging equipment while energised and to maintain, fault find and repair on a like-for-like basis faulty components in equipment including X-Ray Machines, Linear Accelerators, CAT scan and MRI scan units and associated equipment".

Company Name:

Senior Management Name:

Signature (Senior Management):

Date:

Form R113: Electrical worker's permit for imaging equipment

Declaration by applicant

Regulation 59 of the Electricity (Licensing) Regulations 1991 makes it an offence for a person to:

- falsify any matter relating to an application;
- provide any document or other evidence in support of the application that is forged, false, fraudulent or wrongfully represented as pertaining to the applicant;
- make a false statement in this declaration; or
- give a false testimonial to any person in connection with this application.

By signing this declaration, you give consent to the Electrical Licensing Board, duly authorised officers of the Department of Mines, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries and to receive and disclose any information for the purpose of determining this application.

Declaration

I (FULL NAME OF APPLICANT)

1. authorise the Electrical Licensing Board, the Department of Mines, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries considered necessary to assess this application. My general consent includes the specific consent to the acquisition of copies of my criminal records. I agree that the Board can use any or all information received pursuant to this authority for the purposes of the assessment or audit of this application; and
2. sincerely declare that this application is true and correct.

Signature:

Date: