



APPLICATION FOR INDUSTRIAL RADIOGRAPHY EXAMINATION

****Please TYPE or PRINT LEGIBLY in BLACK INK ****

Submit this original form and the nonrefundable fee stated below, payable to the Texas Department of State Health Services, in accordance with Title 25 Texas Administrative Code § 289.255.

1. FULL NAME (Last, First, Middle) _____		2. SOCIAL SECURITY NUMBER _____	
3. RESIDENCE ADDRESS (Street, Apt. No., City, State, Zip Code) _____		Email _____	
4. RESIDENCE NUMBERS Phone () _____ Fax () _____	5. DATE OF BIRTH (MM/DD/YY) _____	6. MAIL RESULTS/ID CARD <input type="checkbox"/> Residence <input type="checkbox"/> Employer	
7. PRESENT EMPLOYER (If Applicable) Company Name _____ Mailing Address _____ City, State, Zip Code _____		Co. Lic/Reg No. _____ Co. Phone No. () _____ Co. Fax No. () _____ Email _____	
8. TYPE OF EXAMINATION (Check One) <input type="checkbox"/> Initial Exam (\$25.00) <input type="checkbox"/> Re-Examination (\$25.00) <input type="checkbox"/> Certification ID Card Renewal Exam (\$27.00) Issued By _____ Audit No. _____ Expires _____		9. CATEGORY OF EXAMINATION (Check One) <input type="checkbox"/> 1 – Radioactive Materials Only (RAM) <input type="checkbox"/> 2 – X-Ray Machines Only <input type="checkbox"/> 3 – Both (RAM & X-Ray)	
10. EXAMINATION DATE CHOICES 1. _____ 2. _____			
11. CERTIFICATION - I certify the above information is correct to the best of my knowledge. _____ Date _____ Signature of Applicant _____			

FOR AGENCY USE ONLY

Documents On File: <input type="checkbox"/> 225-E <input type="checkbox"/> 255-R/OS (RAM) _____ <input type="checkbox"/> 255-R/OS (X-Ray) _____	Examination Date _____ Examination Code No. _____ Final Grade _____
Photo ID Card <input type="checkbox"/> Texas Driver's License <input type="checkbox"/> Texas ID Card <input type="checkbox"/> Other _____ Card No. _____ Expiration Date _____	Identification No. _____ Qualification Code _____ Expiration Date _____ State Audit No. _____ Date ID Card Mailed _____ Date Results Mailed _____
<input type="checkbox"/> Prior Approval from Radiation Safety Licensing Branch after Suspension or Revocation of ID Card	
_____ DSHS REPRESENTATIVE'S SIGNATURE	

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004.)