



ALABAMA DEPARTMENT OF PUBLIC HEALTH
OFFICE OF RADIATION CONTROL

P. O. Box 303017
Montgomery, Alabama 36130-3017



APPLICATION FOR INDUSTRIAL RADIOGRAPHY EXAMINATION
\*\* PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK \*\*

Submit the original form with the \$125.00 nonrefundable fee, payable to the Alabama Department of Public Health in accordance with 420-3-26-.04(38)(a) of Chapter 420-3-26, Radiation Control, Alabama Administrative Code.

1. FULL NAME (Last, First, Middle)
2. SOCIAL SECURITY NUMBER

3. RESIDENCE ADDRESS (Street, Apt No., City, State, Zip Code):

4. RESIDENCE TELEPHONE NO. ( )
5. DATE OF BIRTH (MM/DD/YY)
6. MAIL RESULTS/ID CARD TO:
RESIDENCE EMPLOYER

7. PRESENT EMPLOYER: (If Applicable)
Company Name: Co. License or Registration No.
Mailing Address: Co. Telephone No.: ( )
City, State, Zip Code Co. Fax No.: ( )

8. TYPE OF EXAMINATION: (Check One)
Initial
Re-examination
AL Renewal-ID No. Expires Date
9. CATEGORY OF EXAMINATION
1 - Radioactive Materials Only (RAM)
2 - X-Ray Machines Only
3 - Both (RAM and X-Ray)

10. EXAMINATION DATE CHOICES:
1. 2.

11. CERTIFICATION: I certify that the information contained herein is true and correct to the best of my knowledge.
Date Signature of Applicant

FOR AGENCY USE ONLY

Documents on File: OJT Record
Qualification Form
Training Certificate
Photo ID: AL Driver's License
ARC ID Card
Other
Card No.
Expiration Date
Prior Approval from Agency after Suspension or Revocation of ID Card: Yes No N/A
AGENCY REPRESENTATIVE'S SIGNATURE
Examination Date:
Examination Code No.:
Final Grade:
Identification No.:
Qualification Code:
Expiration Date:
Date Application/Fee Rec.:
Date ID Card Mailed
Date Results Mailed