

**OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY
LAND PROTECTION DIVISION
RADIATION MANAGEMENT SECTION**

APPLICATION FOR INDUSTRIAL RADIOGRAPHY EXAMINATION

**** PLEASE COMPLETE IN FULL AND TYPE OR PRINT LEGIBLY IN BLACK INK ****

Submit the original form and fee (\$149.32 for all exams) payable to the Oklahoma Department of Environmental Quality, to P.O. Box 2036, Oklahoma City, OK 73101. If you would like to pay by credit card, please call (405) 702-1130 (MC and Visa Only)

1. PRINT FULL NAME (Last, First, Middle):	2. SOCIAL SECURITY NUMBER:
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3. RESIDENCE ADDRESS (Street, Apt. No., City, State, Zip Code):	4. EMAIL ADDRESS: (you will be notified via email if you have been seated for your exam date of choice)
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5. RESIDENCE TELEPHONE NO: () _____	6. DATE OF BIRTH: (MM/DD/YY)	7. MAIL RESULTS/I.D. CARD TO: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> EMPLOYER
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8. PRESENT EMPLOYER: (If Applicable) Company Name: _____ Mailing Address: _____ City, State, Zip Code: _____	Co. License No: _____ Co. Telephone No: () _____ Co. Fax No: () _____
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9. TYPE OF EXAMINATION: (Check One) <input type="checkbox"/> Initial <input type="checkbox"/> Re-Examination <input type="checkbox"/> Renewal/Card No: _____ Expires _____ Date	10. CATEGORY OF EXAMINATION: (Check One) <input type="checkbox"/> 1- Radioactive Materials Only (RAM) <input type="checkbox"/> 3 - Both (RAM and X-Ray)
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11. EXAMINATION DATE CHOICES: (you may not be seated for your first choice, please include a second choice) 1. _____ 2. _____

12. CERTIFICATION: I certify that the information contained herein is true and correct to the best of my knowledge. _____ DATE	_____ SIGNATURE OF APPLICANT
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FOR AGENCY USE ONLY

Documents On File: <input type="checkbox"/> 410-5-2 <input type="checkbox"/> 410-5-3 (RAM) <input type="checkbox"/> Citizenship Affidavit <input type="checkbox"/> 410-5-3 (X-RAY)	Examination Date _____ Examination Code No. _____ Final Grade _____ Identification No. _____ Qualification Code _____ Expiration Date _____ Card No. _____ Date I.D. Card Mailed _____ Date Results Mailed _____
Photo I.D. Card: <input type="checkbox"/> OK Driver's License <input type="checkbox"/> OK I.D. Card <input type="checkbox"/> Other _____ Expiration Date _____ <input type="checkbox"/> Prior Approval from Agency after Suspension or Revocation of I.D. Card	AGENCY REPRESENTATIVE'S SIGNATURE _____