



**Department of Environmental Quality  
Emergency & Radiological Services Division  
Licensing & Registrations Section  
P.O. Box 4312  
Baton Rouge, LA 70821-4312  
Phone: (225) 219-3041 Fax: (225) 219-3154**

Application (For Office Use Only)  
Registration #: \_\_\_\_\_  
Date Scanned: \_\_\_\_\_  
Fee Paid-Amount: \_\_\_\_\_  
AI#: \_\_\_\_\_

**REGISTRATION OF TRAINING SERVICES APPLICATION (See Instructions)**

RAD 45 (Initial 2/6/09)

This application is for:

\_\_\_\_\_ **New Registration**      \_\_\_\_\_ **Renewal Registration**      \_\_\_\_\_ **Change of Address or other Information**

**FACILITY INFORMATION**

1. Name (Individual, Corporation, Etc.)

2. Area Code-Telephone No.

3. Mailing Address: No. & Street

City & State

Zip Code

4. Email Address: \_\_\_\_\_

5. Type of Course Instruction:

6. Name of Instructor/Instructors: \_\_\_\_\_

7. List of equipment to be used for hands-on demonstration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. All course material is attached: \_\_\_\_ Yes \_\_\_\_ No      9. Instructor qualifications are attached: \_\_\_\_ Yes \_\_\_\_ No

10. This is to certify that, to the best of my knowledge and belief, all information contained herein, including any supplements attached hereto, is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Named in Item 1.

Submit the completed original and maintain copy for your files.

\_\_\_\_\_  
BY:

\_\_\_\_\_  
Title

**INSTRUCTIONS FOR COMPLETING APPLICATION FOR REGISTRATION OF TRAINING SERVICES FORM**

**Indicate whether the application is for new registration, a renewal of previous registration, or for change of address, ownership or other information.**

**Item 1. Refers to the legal title and/or administrative control of the facility providing the services.**

**Item 2. Self-explanatory.**

**Item 3. When giving mailing address, be sure to include zip-code.**

**Item 4. Self-explanatory.**

**Item 5. Indicate the type of course Instruction. (i.e.: NORM Surveyor, NORM RSO, And Industrial Radiography)**

**Item 6. List all personnel who will instruct the course and attach their qualifications.**

**Item 7. List all equipment that will be used during course instruction. (i.e. survey meter, dosimeters, crank-outs, and exposure device)**

**Item 8. Check the appropriate blank. ( all new applications and renewals must attach all course materials)**

**Item 9. Check the appropriate Blank.( all new instructors must attach qualifications)**

**Item 10. Please execute the certification required. The application must be signed and dated by the applicant or an individual duly authorized by the applicant to act for or on the applicant's behalf.**

**AFTER ALL APPROPRIATE ITEMS OF THE APPLICATION HAVE BEEN COMPLETED, RETAIN ONE COPY FOR YOUR FILES AND MAIL ORIGINAL TO:**

**LICENSING & REGISTRATIONS SECTION  
POST OFFICE BOX 4312  
BATON ROUGE, LOUISIANA 70821-4312  
(225) 219-3041  
FAX (225) 219-3154**