



**Department of Environmental Quality
Office of Environmental Compliance
Licensing & Registrations Section
P.O. Box 4312
Baton Rouge, LA 70821-4312
Phone: (225) 219-3041**

Application (For Office Use Only)
Date Received: _____
Date Scanned: _____
User Group: Radiation
AI#: _____

Form DRC 20 (rev 10/30/2024)

Application for Industrial Radiography Certification

(Check all boxes that apply)

<input type="checkbox"/> (1) New Application for Exam (2) Exam Date: _____ (3) Exam Type: <input type="checkbox"/> Initial <input type="checkbox"/> Re-Exam <input type="checkbox"/> Renewal (4) Exam Category: <input type="checkbox"/> RAM <input type="checkbox"/> X-Ray <input type="checkbox"/> Both <input type="checkbox"/> (5) Replacement Card (\$29) <input type="checkbox"/> Trainee Card <input type="checkbox"/> State Card <input type="checkbox"/> Instructor Card	<input type="checkbox"/> (6) Application for Trainee Status (See Attachment A) <input type="checkbox"/> (7) Application for Certified Radiographer Status (See Attachment B) <input type="checkbox"/> (8) Application for Instructor Status (See Attachment C)	<input type="checkbox"/> (9) Request for Change of Information / ie, expiration date, change of company name, etc. <input type="checkbox"/> (10) Are you a Certified Radiographer or Trainee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" provide Card/Certification ID# _____ <input type="checkbox"/> (11) Has your Card/Certification ever been revoked, suspended or is currently under a violation review? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" explain on separate sheet.
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Note: The fee of \$196.00 must be made payable to DEQ and must be included with this application for examination processing. (check/money order/online)

_____(12) _____(13)
Applicant's Full Name (Last, First, Middle) **State of Issuance, Complete Driver License Number**

_____(14) _____(15)
Residence Address (Number, Street, City, State, Zip) **Date of Birth (mm/dd/yy)**

_____(16) _____(17)
Residence Telephone Number **Email address:**

Certification Card Number: _____(18) State: _____(19) Expiration Date: _____(20)

Company Information

Present Employer: _____(21) Agency Interest ID No.: _____(22) License/Registration No.: _____(22)
 Start Date: _____(23) End Date: _____(24) RSO/Contact: _____(25)
 Phone Number: _____(26) Email address: _____(27)

Training Information

The above individual has been instructed for at least 40 hours in the subjects outlined in sections I, II, and III in Appendix A of Chapter 5 of the Louisiana Radiation Protection Regulations (LAC 33:XV). Both the instructor and the course of instruction were approved by the Department prior to the time of instruction. **A copy of the training course certificate is required if Trainee Status is requested and may be required if applying for initial exam.**

Firm, School, or Consultant: _____(28) Dates of Instruction: _____(29)

(30) Training Qualifications:
 Please complete Attachment A if applying for Trainee Status.
 Please complete Attachment B if applying for Certified Radiographer Status.
 Please complete Attachment C if applying for Instructor Status.

(31) The above individual has received instruction and passed a company-specific written exam and field test on the company's operating and emergency procedures.

Please Note:

- Trainee Status Cards do not expire.
- Trainees must work under the personal supervision of an instructor.
- Trainee status is not valid until a confirmation letter and card are received from the Department.
- The Trainee Status authorization card received from the Department must be kept with the trainee at all times during industrial radiography operations.

I hereby certify that the information I have provided is true and correct to the best of my knowledge.

_____(32) _____(33) _____(34) _____(35)
 Signature of RSO/Company Representative Date Signature of Applicant (if applicable) Date

Note: A new DRC-20 Form is required to be completed on each radiographer employed by your company, even if a form has been completed by a previous employer.

Attachment A

Trainee Status Qualifications

If currently working for a radiography company, you must complete this section and the RSO must sign this form. This is in addition to the information provided in numbers 28-29 regarding the 40 hour classroom hours.

Company Name _____ Company Phone _____

Company Mailing Address _____
Street City State Zip

Company License/Registration Number _____

Received instruction and passed a company-specific written exam and field test on the company's operating and emergency procedures on

Date: (MM/DD/YYYY)

Demonstrated competence using this company's sources of radiation on _____
Date: (MM/DD/YYYY)

I certify the above information is correct to the best of my knowledge.

Signature of Trainee Applicant

Signature of Radiation Safety Officer (RSO)

Date: (MM/DD/YYYY)

Printed or typed Name of RSO

Attachment B (Continued)

Certified Radiographer Qualifications

If currently working for a radiography company, you must complete this section, and the RSO must sign this form.

Company Name _____ Company Phone _____

Company Mailing Address _____
Street City State Zip

Company License/Registration Number _____

Received instruction and passed a company-specific written exam and field test on the company's operating and emergency procedures on

Date: (MM/DD/YYYY)

Demonstrated competence using this company's sources of radiation on _____
Date: (MM/DD/YYYY)

I certify the above information is correct to the best of my knowledge.

Signature of Trainee Applicant

Signature of Radiation Safety Officer (RSO)

Date: (MM/DD/YYYY)

Printed or typed Name of RSO

Attachment C (Continued)

Instructor Status Qualifications

Company Name _____ Company Phone _____

Company Mailing Address _____
Street City State Zip

Company License/Registration Number _____

Received instruction and passed a company-specific written exam and field test on the company's operating and emergency procedures on

Date: (MM/DD/YYYY)

Demonstrated competence using this company's sources of radiation on _____
Date: (MM/DD/YYYY)

I certify the above information is correct to the best of my knowledge.

Signature of Trainee Applicant

Signature of Radiation Safety Officer (RSO)

Date: (MM/DD/YYYY)

Printed or typed Name of RSO