



**Department of Environmental Quality
Office of Environmental Compliance
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)
Date Received: _____
Date Scanned: _____
User Group: Radiation
AI#: _____

Form DRC 20 (rev 12/3/14)

Application for Industrial Radiography Certification

(Check all boxes that apply)

<input type="checkbox"/> (1) New Application for Exam Exam Date: _____ (2) Exam Type: <input type="checkbox"/> Initial <input type="checkbox"/> Re-Exam <input type="checkbox"/> Renewal (3) Exam Category: <input type="checkbox"/> RAM <input type="checkbox"/> X-Ray <input type="checkbox"/> Both (4) <input type="checkbox"/> (5) Application for Certified Radiographer Status	<input type="checkbox"/> (6) Application for Trainee Status Minimum Requirements: (1) 40 Hour Course (2) 40 Hours of on-the-job training <input type="checkbox"/> (7) Replacement Card (\$29) <input type="checkbox"/> Trainee Card <input type="checkbox"/> State Card	<input type="checkbox"/> (8) Request for Change of Information / ie, expiration date, change of company name, etc. <input type="checkbox"/> (9) Are you a Certified Radiographer or Trainee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" provide Card/Certification ID# _____ <input type="checkbox"/> (10) Has your Card/Certification ever been revoked, suspended or is currently under a violation review?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 or money order only)

_____(11) _____(12)
Applicant's Full Name (Last, First, Middle) State of Issuance, Complete Driver License Number

_____(13) _____(14)
Residence Address (Number, Street, City, State, Zip) **Date of Birth (mm/dd/yy)**

_____(15) _____(16)
Residence Telephone Number **Email address:**

_____(17) _____(18) _____(19)
Certification Card Number: State: Expiration Date:

Company Information

Present Employer: _____(20) Agency Interest ID No.: _____ License/Registration No.: _____(21)
Optional

Start Date: _____(22) End Date: _____(23) **RSO/Contact:** _____(24)

Phone Number: _____(25) Email address: _____(26)

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 or if applying for initial exam.**

Firm, School, or Consultant: _____(27) Dates of Instruction: _____(28)

The above individual has received the following <u>total hours</u> of on-the-job training (OJT) (" on file " or " previously submitted " is not acceptable):		
_____(29) Radioactive Material OJT (hours)	_____(30) X-Ray OJT (hours)	Dates of Training: _____(31)
Name of instructor: _____(32)	Signature of Instructor: _____(33)	

(34) 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 will only be granted for a period not to exceed five years.
- Trainees must work under the personal supervision of an instructor who is specified on the company license.
- 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.

_____(35) _____(36) _____(37) _____(38)
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.