RC FORM 255-3
(REV. 01/16)

TEXAS Department of State Health Services

Texas Department of State Health Services
Radioactive Materials Licensing Group – MC2003, ZZ113-120
P.O. Box 149347
Austin, TX 78714-9347

ZZ113-120

APPLICATION FOR INDUSTRIAL RADIOGRAPHY EXAMINATION

Please TYPE or PRINT LEGIBLY in BLACK INK

Submit this original form with the nonrefundable, non-transferable fee stated below, payable to the Texas Department of State Health Services, in accordance with Title 25 Texas Administrative Code § 289.255.

1. **APPLICANT FULL NAME** (Last, First, Middle)

2. **SOCIAL SECURITY NUMBER**

3. **APPLICANT ADDRESS** (Street Address., City, State, Zip Code) Email: _____

4. **APPLICANT NUMBERS**
Phone _____
Fax _____

5. **DATE OF BIRTH** (MM/DD/YY)

6. **MAIL RESULTS/ID CARD**
☐ Residence ☐ Employer

7. **PRESENT EMPLOYER** (If Applicable)
Company Name _____
Mailing Address _____
City, State, Zip Code _____
Co. Lic/Reg No. _____
Co. Phone No. _____
Co. Fax No. _____
Email _____

8. **TYPE OF EXAMINATION** (Check One)
☐ Initial Exam ($120.00)
☐ Re-Examination ($120.00)
☐ Re-Certification Exam ($125.00)
Issued By _____ Audit No. _____ Expires _____

9. **CATEGORY OF EXAMINATION** (Check One)
☐ 1 – Radioactive Materials Only (RAM)
☐ 2 – X-Ray Machines Only
☐ 3 – Both (RAM & X-Ray)

10. **EXAMINATION DATE CHOICES**
1. _____ 2. _____

11. **CERTIFICATION** - I certify the above information is correct to the best of my knowledge.

_____ _____
Date Signature of Applicant

FOR AGENCY USE ONLY

Documents on file: ☐ 255-E ☐ 255-R/OS (RAM) _____
☐ 255-R/OS (X-Ray) _____

Photo ID Card
☐ Texas Driver's License ☐ Texas ID Card
☐ Other _____
Card No. _____
Expiration Date _____

☐ Prior Approval from Radiation Safety Licensing Branch after Suspension or Revocation of ID Card

_____
DSHS REPRESENTATIVE'S SIGNATURE

Examination Date _____
Examination Code No. _____
Final Grade _____
Entity No. _____
File No. _____
Application No._____
License No. _____
Qualification Code _____
Trainer Code _____
Expiration Date _____
Certificate No. _____
Date ID Card Mailed _____
Date Results Mailed _____

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004.)