DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF ENVIRONMENTAL COMPLIANCE
RADIATION LICENSING SECTION
POST OFFICE BOX 4312
BATON ROUGE, LOUISIANA 70821-4312
PHONE: (225) 219-3041
E-MAIL: LDEQRadiationlicensing@la.gov

OFFICE USE ONLY
Date Received
AI
Payment

Application for Industrial Radiography Certification

DRC-20 (rev. 11/26)
Check all boxes that apply

☐(1) New Application for Exam: (2) Exam Date:_____ (3) Exam Type: ☐Initial ☐Re-Exam ☐Renewal (4) Exam Category: ☐RAM ☐X-Ray ☐Both ☐(5) Replacement Card ($29) ☐ Trainee Card ☐ State Card ☐ Instructor Card	☐(6) Application for Trainee Status (See Attachment A) ☐(7) Application for Certified Radiographer Status (See Attachment B) ☐(8) Application for Instructor Status (See Attachment C)	☐(9) Request for Change of Information (i.e. expiration date, change of company name, etc.) ☐(10) Are you a Certified Radiographer or Trainee? ☐ Yes ☐ No If "yes" provide Card/Certification ID#_____ ☐(11) Has your Card/Certification ever been revoked, suspended or is currently under a violation review? ☐ Yes ☐ No If "yes" explain on separate sheet.

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)
Applicant's Full Name (Last, First, Middle)

_____(13)
State of Issuance, Complete Driver License Number

_____ (14)
Residence Address (Number, Street, City, State, Zip)

_____(15)
Date of Birth (mm/dd/yy)

_____(16)
Residence Telephone Number

Email address:_____(17)

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

Company Information

Present Employer:_____(21) Agency Interest ID No.:_____ Optional 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:
1. Trainee Status Cards do not expire.
2. Trainees must work under the personal supervision of an instructor.
3. Trainee status is not valid until a confirmation letter and card are received from the Department.
4. 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

Certified Radiographer Qualifications – OJT

On-the-Job Training (OJT)

The applicant must have at least two months experience as a carded Trainee. Document the OJT below. A minimum of 200 hours for radioactive material and/or 120 hours for x-ray machines beginning with the OJT start date which would have begun when you received Trainee Status.

On-The Job Training Record:

Dates of On-the-Job Training: (MM/DD/YY)	Number of Hours/Day	Name of the Equipment Manufacturer (Specify Radioactive Material Device and/or X-Ray Machine)	Printed Name of Instructor	Signature of the Instructor

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

Instructor Status Qualifications

Document at least one year of experience as a certified radiographer:

On-The Job Training Record:

Years of Experience as Certified Radiographer (mm/dd/yy) thru (mm/dd/yy)	Name of the Equipment Manufacturer (Specify Radioactive Material Device and/or X-Ray Machine)	Printed Name of RSO	Name of Company

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