

Department of Environmental Quality Office of Environmental Compliance Licensing & Registrations Section P.O. Box 4312

Baton Rouge, LA 70821-4312 Phone: (225) 219-3041 E-MAIL:LDEQRadiationlicensing@la.gov

Application (Fo	or Office Use Only)
Date Received:	
Date Scanned:	
User Group:	Radiation
AI#:	

Application for Industrial Radiography Certification

Form DRC 20 (rev 3/1/2024) Application	ioi maasiiai Radiog	graphy Certification	
(Check all boxes that apply)			
[](1) New Application for Exam	[](7) Application for Trainee	[](9) Request for Change of Information /	
Exam Date:(2)	Status Minimum Banningun antar	ie, expiration date, change of company n	ame, etc.
Exam Type: [] Initial [] Re-Exam [] Renewal	Minimum Requirements: (1) 40 Hour Course	[](10) Are you a Certified Radiographer or Tr	rainee?
(3)	(2) on-the-job training	Yes No	affice:
	(2) on the joe training	If "yes" provide Card/Certification ID#	
Exam Category: [] RAM [] X-Ray [] Both	[](8) Replacement Card (\$29)		
(4)	[] Trainee Card	[](11) Has your Card/Certification ever been	
	[] State Card	revoked, suspended or is currently und	er a
[](5) Application for Certified Radiographer Status	[] Instructor Card	violation review? ☐ Yes ☐ No	
[](6) Application for Instructor Status (\$29)		If "yes" explain on separate sheet.	
Note: The fee of \$196.00 must be made payable to <u>DEQ</u> and n	 must be included with this application	h for examination processing. (Check or money or	der only)
	(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)	(14)	Date of Birth (mm/dd/yy)	
(10)		P 3 11	(17)
(16) Residence Telephone Number		Email address:	(17)
-			
Certification Card Number:	(18) State:	(19) Expiration Date:	(20)
	Company Information		
Present Employer:(2	1) Agency Interest ID No	License/Registration No:	(22)
Tresent Employer(2	Optional	Electise/ Registration No	(22)
Start Date:(23) End Date:(2	RSO/Contact:		(25)
Phone Number:(
			(,/
	Training Information		
The above individual has been instructed for at least 40			
Louisiana Radiation Protection Regulations (LAC 33:XV			
the time of instruction. A copy of the training course of initial exam.	certificate is required if Trainee	Status is requested and may be required in	applying for
Firm, School, or Consultant:	(28) Dates of Instruc	etion:	(29)
(30) Training Qualifications: Please complete Attachment A if applying for Trainee Status.			
Please complete Attachment A if applying for Trainee Status. Please complete Attachment B if applying for Certified Radiography.	pher Status.		
Please complete Attachment C if applying for Instructor Status.			
[](31) The above individual has received instruction an	nd passed a company-specific writte	en exam and field test on the company's operation	na and
emergency procedures.	a passed a company-specific writte	on exam and need test on the company's operation	ng and
Please Note:			
1. Trainee Status Cards do not expire.			
2. Trainees must work under the <u>personal supervise</u>		_	
3. Trainee status is <u>not valid</u> until a confirmation le			:1
 The Trainee Status authorization card received f operations. 	rom the Department must be kept w	vim the trainee at all times during industrial radi	lograpny
I hereby certify that the information I have provided is true	and correct to the best of my know	wledge	
Thereby certary that the information I have provided is thu	and correct to the best of my know	viougo.	
(32)	(33)	(34)	(35)
Signature of RSO/Company Representative Date	Signature of Ap	pplicant (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.

	1	\mathcal{E}		
Company Name		Company Phone		
Company Mailing Address_				
	Street	City	State	Zip
Company License/Registration	on Number			
Received instruction and pas procedures on	sed a company-specific writte	n exam and field test on the o	company's operating	and emergency
Date: (MM/DD/Y)	 YYY)			
Demonstrated competence us	sing this company's sources of	f radiation on Date: (MM/DD/YY	YYY)	·
I certify the above information	on is correct to the best of my	knowledge.		
Signature of Trainee Applica	nt	Signature of F	Radiation Safety Offic	cer (RSO)
Date: (MM/DD/Y	YYY)	Printe	ed or typed Name of I	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 rac	liography company, you must	complete this section, and the	ne RSO must sign this	s form.
Company Name		Company Phone		
Company Mailing Address_				
	Street	City	State	Zip
Company License/Registration	on Number			
Received instruction and pas procedures on	sed a company-specific writte	n exam and field test on the	company's operating	and emergency
Date: (MM/DD/Y	YYY)			
Demonstrated competence us	sing this company's sources o	f radiation on Date: (MM/DD/Y		·
I certify the above information	on is correct to the best of my	`	,	
Signature of Trainee Applica	nt	Signature of	Radiation Safety Offic	cer (RSO)
Date: (MM/DD/Y	YYY)	Print	ed or typed Name of I	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	on Number			
Received instruction and pass procedures on	sed a company-specific written	exam and field test on the o	company's operating	and emergeno
Date: (MM/DD/Y	YYY)			
Demonstrated competence us	sing this company's sources of	radiation on Date:(MM/DD/YY	YYY)	·
I certify the above information	on is correct to the best of my k	nowledge.		
Signature of Trainee Applica	nt	Signature of F	Radiation Safety Office	cer (RSO)
Date: (MM/DD/Y)		Printe	d or typed Name of F	 RSO