



**Department of Environmental Quality  
Office of Environmental Compliance  
Radiation Section  
P.O. Box 4312  
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E-MAIL:LDEQRadiationlicensing@la.gov**

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 <input type="checkbox"/> (2) Exam Date: _____  <input type="checkbox"/> (3) Exam Type: <input type="checkbox"/> Initial <input type="checkbox"/> Re-Exam <input type="checkbox"/> Renewal  <input type="checkbox"/> (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 (11) Has your Card/Certification ever been revoked, suspended or is currently under a violation review?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)**

Applicant's Full Name (Last, First, Middle)	(12)	State of Issuance, Complete Driver License Number	(13)		
Residence Address (Number, Street, City, State, Zip)	(14)	Date of Birth (mm/dd/yy)	(15)		
Residence Telephone Number	(16)	Email address:	(17)		
Certification Card Number:	(18)	State:	(19)	Expiration Date:	(20)

### Company Information

Present Employer:	(21)	Agency Interest ID No.: <input type="checkbox"/> 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.

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Signature of Trainee Applicant

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Signature of Radiation Safety Officer (RSO)

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Date: \_\_\_\_\_ (MM/DD/YYYY)

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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
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## 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.

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Signature of Trainee Applicant

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Signature of Radiation Safety Officer (RSO)

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Date: \_\_\_\_\_ (MM/DD/YYYY)

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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