



**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. 4/26)

Check all boxes that apply

<input type="checkbox"/> (1) New Application for Exam: (2) Exam Date: _____ (3) Exam Type: <input type="checkbox"/> Initial <input type="checkbox"/> Re-Exam <input type="checkbox"/> Renewal (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 (i.e. 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 (11) Has your Card/Certification ever been revoked, suspended or is currently under a violation review?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)

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

_____ (16) _____ (17)
Residence Telephone Number **Email address:**

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

Company Information

Present Employer: _____ (21) Agency Interest ID No.: _____ License/Registration No.: _____ (22)
 _____ (21) Optional

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:

- Trainee Status Cards do not expire.
- Trainees must work under the personal supervision of an instructor.
- 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.

 Signature of RSO/Company Representative (32) Date (33) _____ (34) _____ (35)
 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 (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 (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