



**Department of Environmental Quality  
Office of Environmental Compliance  
Licensing & Registrations Section  
P.O. Box 4312  
Baton Rouge, LA 70821-4312  
Phone: (225) 219-3041**

Application (For Office Use Only)  
Date Received: \_\_\_\_\_  
Date Scanned: \_\_\_\_\_  
User Group: Radiation  
AI#: \_\_\_\_\_

Form DRC 20 (rev 4/10/2020)

## Application for Industrial Radiography Certification

(Check all boxes that apply)

<input type="checkbox"/> (1) New Application for Exam Exam Date: _____ (2)  Exam Type: <input type="checkbox"/> Initial <input type="checkbox"/> Re-Exam <input type="checkbox"/> Renewal (3)  Exam Category: <input type="checkbox"/> RAM <input type="checkbox"/> X-Ray <input type="checkbox"/> Both (4)  <input type="checkbox"/> (5) Application for Certified Radiographer Status  <input type="checkbox"/> (6) Application for Instructor Status (\$29)	<input type="checkbox"/> (7) Application for Trainee Status Minimum Requirements: (1) 40 Hour Course (2) on-the-job training  <input type="checkbox"/> (8) Replacement Card (\$29) <input type="checkbox"/> Trainee Card <input type="checkbox"/> State Card <input type="checkbox"/> Instructor Card	<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 (11) Has your Card/Certification ever been revoked, suspended or is currently under a violation review?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 or money order 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) **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.: \_\_\_\_\_(22) License/Registration No.: \_\_\_\_\_(22)  
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:

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 (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