



Industrial Radiographer Certification Business Filing And Verification

RC Form 255-3 Application For Industrial Radiography Examination

Submit this original form with the **non-refundable, non-transferable fee stated below**, payable to the Texas Department of State Health Services, in accordance with Title 25 Texas Administrative Code § 289.255.

1. Applicant Full Name: (Last, First, Middle)		2. Social Security Number:	
3. Applicant Address: (Street Address, City, State, Zip Code)			
Applicant Email Address:			
4. Applicant Contact Numbers		5. Date of Birth: (MM/DD/YY)	
Phone:		6. Mail Results/ ID Card to:	
Fax:		<input type="checkbox"/> Residence	
		<input type="checkbox"/> Employer	

7. Present Employer (If Applicable)		License/Registration No.:	
Company Name:		Co. Email:	
Mailing Address:		Co. Phone:	
City, State, Zip Code:		Co. Fax:	

8. <u>Type of Examination (Check One)</u>		9. <u>Category of Examination (Check One)</u>	
<input type="checkbox"/> Initial Examination (\$120.00)		<input type="checkbox"/> 1 - Radioactive Materials Only (RAM)	
<input type="checkbox"/> Re-Examination (\$120.00)		<input type="checkbox"/> 2 - X-Ray Machines Only	
		<input type="checkbox"/> 3 - Both (RAM & X-Ray)	

<input type="checkbox"/> Re-Certification Exam (\$124.00)		
Issued by:	Audit No.:	Expires:

10. Certification – I certify the above information is correct to the best of my knowledge.

Signature: _____ Date: _____

Send the application with applicable fee to:

Texas Department of State Health Services
Cash Receipts Branch – MC 2003
P.O. Box 149347
Austin, Texas 78714-9347

For Agency Use Only	
<u>Documents on File:</u> <input type="checkbox"/> 255-E <input type="checkbox"/> 255-R/OS (RAM) <input type="checkbox"/> 255-R/OS (X-Ray)	Examination Date:
	Examination Code No.:
	Final Grade:
	File No.:
	Entity No.:
<u>Photo ID Card</u> <input type="checkbox"/> Texas Driver's License <input type="checkbox"/> Texas ID Card <input type="checkbox"/> Other	Application No.:
	License No.:
	Qualification Code:
Card No.:	Trainer Code:
Expiration Date:	Expiration Date:
<input type="checkbox"/> Prior Approval from Business Filing and Verification after Suspension or Revocation of ID Card.	Certificate No.:
	Date ID Card Mailed:
	Date Results Mailed:
DSHS Representative's Signature:	

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004).