



Industrial Radiographer Certification Business Filing And Verification

RC Form 255-T Trainer Qualification Application

Complete ALL sections. Email the completed application to IndRadCertification@dshs.texas.gov.

SELECT ONE: Radioactive Materials Only X-Ray Machines Only Both

SECTION I: PERSONAL DATA

Full Name: _____
Last First Middle

Date of Birth (MM/DD/YY): _____

Social Security Number: _____

Mailing Address: _____
Street City State Zip

Phone Number: _____

Email Address: _____

Mail Radiographer Trainer Card to: Residence Employer

SECTION II: CERTIFIED RADIOGRAPHER EXPERIENCE [25 TAC §289.255 (e)(3)(A)]

Use page two of this form to document at least one year of experience as a certified radiographer.

SECTION III: ADDITIONAL QUALIFICATION REQUIREMENTS [25 TAC §289.255 (f)(1)]

Company Name: _____

Co. Mailing
Address: _____
Street City State Zip

Co. Phone No: _____ Co. License/Registration No. _____

Email Address: _____

Completed written or oral exam given by licensee/registrant covering topics in §289.255(f)(1)(A)

(MM/DD/YY)

Demonstrated competence using the company's sources of radiation on

(MM/DD/YY)

SECTION IV: CERTIFICATION

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

Trainer Applicant Signature

Radiation Safety Officer (RSO) Signature

Date

RSO Printed Name

Send this application to: IndRadCertification@dshs.texas.gov

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).

FOR AGENCY USE ONLY

ID No.		File No.		Entity No.		Cert No.	
App No.		Total		Staff Initials			

