BRC Form IR-1
(REV. 02/16)

Texas Department of State Health Services
Radioactive Materials Licensing Group – MC2003, ZZ113-120
P.O. Box 149347
Austin, TX 78714-9347

ZZ113-120

APPLICATION FOR INDUSTRIAL RADIOGRAPHY REPLACEMENT CERTIFICATION ID CARD

****Please TYPE or PRINT LEGIBLY in BLACK INK****

Submit this original form with the $35.00 nonrefundable, non-transferable fee, and payable to the Texas Department of State Health Services (DSHS), to the address above. **Retain a copy of this form for your records.**

1. **APPLICANT FULL NAME** (Last, First, Middle)

2. **SOCIAL SECURITY NUMBER**

3. **RESIDENCE ADDRESS** (Street, Apt. No., City, State, Zip Code)

4. **RESIDENCE NUMBER**
Phone _____

5. **RADIOGRAPHER ID NO.**
_____

6. **MAIL REPLACEMENT ID CARD**
☐ Residence ☐ Employer

7. **PRESENT EMPLOYER** (If Applicable)
Company Name _____
Mailing Address _____
City, State, Zip Code _____
Co. Lic/Reg No. _____
Co. Phone No. _____
Co. Fax No. _____ _____

8. **REASON FOR REPLACEMENT** (Explain with a brief statement.)

_____
_____
_____
_____
_____
_____
_____

9. **CERTIFICATION** - I certify the above information is correct to the best of my knowledge.

_____ _____
Date Signature of Applicant

FOR AGENCY USE ONLY

Documents on file: ☐ 255-E ☐ 255-R/OS (RAM) _____
☐ 255-R/OS (X-Ray) _____

Photo ID Card
☐ Texas Driver's License ☐ Texas ID Card
☐ Other _____
Card No. _____
Expiration Date _____

☐ Prior Approval from Radiation Safety Licensing Branch after Suspension or Revocation of ID Card

_____
DSHS REPRESENTATIVE'S SIGNATURE

Examination Date _____
Examination Code No. _____
Final Grade _____
Entity No. _____
File No. _____
Application No._____
License No. _____
Qualification Code _____
Trainer Code _____
Expiration Date _____
Certificate No. _____
Date ID Card Mailed _____
Date Results Mailed _____

PRIVACY NOTIFICATION: 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.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004.)