



GEORGIA DEPARTMENT OF NATURAL RESOURCES
RADIOACTIVE MATERIALS PROGRAM

Rev. 12/2009

4220 International Parkway, Suite 100
Atlanta, Georgia 30354

APPLICATION FOR INDUSTRIAL RADIOGRAPHY EXAMINATION

- 1. Please type or print legibly.
2. Attach documentation of radiation safety training and on-the-job training (OJT) experience meeting the requirements of O.C.G.A Chapter 391-3-17-.04.
3. Enclose \$90.00 non-refundable exam fee payable to "Georgia Radioactive Materials Program" and 2 passport-size photographs.
4. Submit original application and information listed in items 2 and 3 in accordance with O.C.G.A Chapter 391-3-17-.04.

1. FULL NAME (Last, First, Middle)
2. SOCIAL SECURITY NUMBER

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

4. RESIDENCE TELEPHONE ()
5. DATE OF BIRTH (MM/DD/YYYY)
6. MAIL RESULTS/I.D. CARD TO:
[] RESIDENCE [] EMPLOYER

7. PRESENT EMPLOYER: (If applicable)
Company Name: License No:
Mailing Address: Telephone No. ()

8. TYPE OF EXAMINATION: (Check one)
[] Initial
[] Re-Examination
[] Renewal
ID Card No: Expires
9. CATEGORY OF EXAMINATION
[] 1 - Radioactive Materials One (RAM)

10. EXAMINATION DATE CHOICES:
1. 2. 3.

11. "I certify that the information contained herein is true and correct to the best of my knowledge."
Date: Signature of Applicant:

FOR DEPARTMENTAL USE ONLY

Photo I.D. Card: Examination Date
[] Driver's License [] Govt-Issued Card Examination Code No.
Issuer: Final Grade
Card No: Certification No.
Expiration Date: Qualification Code Radioactive Materials One (RAM)
Expiration Date
[] Prior Approval from Department after Suspension Date I.D. Card & Results mailed
or Revocation of I.D. Card

DEPARTMENT REPRESENTATIVE'S SIGNATURE: