



**GEORGIA DEPARTMENT OF NATURAL RESOURCES
RADIOACTIVE MATERIALS PROGRAM**

Rev. 07/2016

4244 International Parkway, Suite 120
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 \$125.00 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
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3. RESIDENCE ADDRESS (Street, Apt. No., City, State, ZIP Code)
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4. RESIDENCE TELEPHONE ()	5. DATE OF BIRTH (MM/DD/YYYY)	6. MAIL RESULTS/I.D. CARD TO: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> EMPLOYER
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7. PRESENT EMPLOYER: (If applicable) Company Name: _____ Mailing Address: _____	License No: _____ Telephone No. () _____ E-Mail Address: _____
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8. TYPE OF EXAMINATION: (Check one) <input type="checkbox"/> Initial <input type="checkbox"/> Re-Examination <input type="checkbox"/> Renewal ID Card No: _____ Expires _____	9. CATEGORY OF EXAMINATION <input type="checkbox"/> 1 – Radioactive Materials One (RAM)
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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: _____
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FOR DEPARTMENTAL USE ONLY	
Photo I.D. Card: <input type="checkbox"/> Driver's License <input type="checkbox"/> Govt-Issued Card Issuer: _____ Card No: _____ Expiration Date: _____	Examination Date _____ Examination Code No. _____ Final Grade _____ Certification No. _____ Qualification Code _____ Expiration Date _____ Date I.D. Card & Results mailed _____
<input type="checkbox"/> Prior Approval from Department after Suspension or Revocation of I.D. Card	_____ Radioactive Materials One (RAM) _____
DEPARTMENT REPRESENTATIVE'S SIGNATURE: _____	