



# GEORGIA DEPARTMENT OF NATURAL RESOURCES RADIOACTIVE MATERIALS PROGRAM

Rev. 12/2013

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 **\$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
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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: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> EMPLOYER
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7. PRESENT EMPLOYER: (If applicable)

Company Name: \_\_\_\_\_ License No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone No. (     ) \_\_\_\_\_

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: \_\_\_\_\_

FOR DEPARTMENTAL USE ONLY		
Photo I.D. Card:	Examination Date	_____
<input type="checkbox"/> Driver's License <input type="checkbox"/> Govt-Issued Card	Examination Code No.	_____
Issuer: _____	Final Grade	_____
Card No: _____	Certification No.	_____
Expiration Date: _____	Qualification Code	Radioactive Materials One (RAM)
<input type="checkbox"/> Prior Approval from Department after Suspension or Revocation of I.D. Card	Expiration Date	_____
	Date I.D. Card & Results mailed	_____
DEPARTMENT REPRESENTATIVE'S SIGNATURE: _____		