

**OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY  
LAND PROTECTION DIVISION  
RADIATION MANAGEMENT SECTION**

**APPLICATION FOR INDUSTRIAL RADIOGRAPHY EXAMINATION**

**\*\* PLEASE COMPLETE IN FULL AND TYPE OR PRINT LEGIBLY IN BLACK INK \*\***

Submit the original form and fee (\$157.52 for all exams) payable to the Oklahoma Department of Environmental Quality, to P.O. Box 2036, Oklahoma City, OK 73101 or by email to [radcert@deg.ok.gov](mailto:radcert@deg.ok.gov). To pay by credit card, please call (405) 702-1130 (MC and Visa Only)

<b>1. PRINT FULL NAME (Last, First, Middle):</b>		<b>2. SOCIAL SECURITY NUMBER:</b>
<b>3. RESIDENCE ADDRESS (Street, Apt. No., City, State, Zip Code):</b>		<b>4. EXAMINEE'S EMAIL ADDRESS:</b>
<b>5. RESIDENCE TELEPHONE NO:</b>  (    ) _____	<b>6. DATE OF BIRTH:</b> (MM/DD/YY)	<b>7. MAIL I.D. CARD TO:</b>  <input type="checkbox"/> RESIDENCE <input type="checkbox"/> EMPLOYER

<b>8. PRESENT EMPLOYER: (If Applicable)</b> Company Name: _____ Co. License No: _____ Mailing Address: _____ Co. Telephone No: (    ) _____ City, State, Zip Code: _____ Co. Fax No: (    ) _____	
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<b>9. TYPE OF EXAMINATION: (Check One)</b> <input type="checkbox"/> Initial <input type="checkbox"/> Re-Examination <input type="checkbox"/> Renewal/Card No: _____ Expires _____ State _____ Date	<b>10. CATEGORY OF EXAMINATION: (Check One)</b> <input type="checkbox"/> 1- Radioactive Materials Only (RAM) <input type="checkbox"/> 3 - Both (RAM and X-Ray)
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**Please provide a valid email address that is unique to the examinee. Each month, applications are submitted for approval. Once approved, Examinee will receive an email from Pearson Vue that lists their Candidate ID as well as the window of time in which you can test (60 days). Examinee can then create their profile with Pearson Vue after receiving this letter and through this profile, they can schedule their exam and access their result information. Please note that there is an additional \$50 fee for taking the exam with Pearson Vue.**

<b>12. CERTIFICATION:</b> I certify that the information contained herein is true and correct to the best of my knowledge.	
_____ DATE	_____ SIGNATURE OF APPLICANT

**FOR AGENCY USE ONLY**

Documents On File:  **410-5-2 <input type="checkbox"/> **410-5-3 (RAM) <input type="checkbox"/> Citizenship Affidavit <input type="checkbox"/> **410-5-3 (X-RAY) <input type="checkbox"/>	Identification No.: _____ Roster Submission Date: _____ Date Exam Taken: _____ Test Results: _____ Card No.: _____ Expiration Date: _____ Card Category Issued: RAM <input type="checkbox"/> BOTH <input type="checkbox"/>
Receipt No.: _____	
Tracking No.: _____	