**APPLICATION FOR INDUSTRIAL RADIOGRAPHY EXAMINATION**

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

Submit the original form and fee ($164.92 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@deq.ok.gov. To pay by credit card, please call (405) 702-1130 (MC and Visa Only).

1. **PRINT FULL NAME (Last, First, Middle):**

2. **SOCIAL SECURITY NUMBER:**

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

4. **EXAMINEE’S EMAIL ADDRESS:**

5. **RESIDENCE TELEPHONE NO:**
   (   )__________________

6. **DATE OF BIRTH:**
   (MM/DD/YY)

7. **MAIL I.D. CARD TO:**
   [ ] RESIDENCE   [ ] EMPLOYER

8. **PRESENT EMPLOYER:** (If Applicable)
   Company Name:   Co. License No: __________________________________
   Mailing Address:    Co. Telephone No: (   )___________________
   City, State, Zip Code:         Co. Fax No:  (         )________________________________

9. **TYPE OF EXAMINATION:** (Check One)
   [ ] Initial
   [ ] Re-Examination
   [ ] Renewal/Card No:______________  Expires ________State_____

10. **CATEGORY OF EXAMINATION:** (Check One)
    [ ] 1- Radioactive Materials Only (RAM)
    [ ] 3 - Both (RAM and X-Ray)

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.

12. **CERTIFICATION:** 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 AGENCY USE ONLY**

Documents On File:

- **410-5-2**   - **410-5-3 (RAM)**
- Citizenship Affidavit   - **410-5-3 (X-RAY)**

Identification No.:________________________

Roster Submission Date:________________________

Date Exam Taken:________________________

Test Results:________________________

Card No.:________________________

Expiration Date:________________________

Card Category Issued: RAM   [ ] BOTH