

IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF RADIOLOGICAL HEALTH

LUCAS STATE OFFICE BUILDING, 5TH FLOOR, 321 EAST 12TH STREET, DES MOINES, IOWA 50319

APPLICATION FOR CARD REPLACEMENT REQUEST

INSTRUCTIONS: Complete the Form. Mail the original and a \$25.00 non-refundable fee payable to Iowa Department of Public Health in accordance with Chapter 38.8(3)"b" of IDPH Radiation Machines and Radioactive Materials Rules to the above address. Give a copy to the applicant and keep a copy for your records. If prepared by the applicant, give a copy to your RSO. Incomplete or incorrect forms will be returned. Please type or print legibly.

If you have any questions, please contact:

Angela Leek, Bureau Chief- (515) 281-3478,

Stuart Jordan, Health Physicist-(515) 281-0403

APPLICANT'S INFORMATION:

First Name: * _____

Middle Name: _____

Last Name: * _____

Street Address: * _____

City: * _____ State: * _____ Zip: * _____

Phone Number: * _____, _____ Date of Birth: _____

Email: _____ SSN: * _____

Industrial Radiographer Card Number: * _____

REQUESTING FOR CARD: (Check One)

Trainee Card

Trainer Card

Radiographer Card

What address do you want the card to be mailed? *

Street Address: * _____

City: * _____ State: * _____ Zip: * _____

Privacy Act Notice: Disclosure of your social security number on this application is required by 42 U.S.C. § 666(a) (13) and Iowa Code § 252J.8 (1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Signature of Applicant, Date

Printed or Typed Name Applicant