		FOR AGENCY USE ONLY				
	OFFICE OF RADIATION CONTROL P.O. Box 303017				ID No	
	Montgomery, Alabama 36130-3017				Staff Initials	
	UCTIONS: Comple ect forms will be re	te all sections. Mail the orig	RAPHER QUALIFIC inal form to the above add			
	Please Type or Print Legibly					
	(Check one) 🛛 Radioactive materials only 🗆 X-ray machines only 🗆 Both					
I.	PERSONAL DA	TA				
	Full Name					
		Last	First	Middle		
	Date of Birth	(MM/DD/YY)	Social Security N	lo		
П.	AGENCY AUTH	IORIZED TRAINING				
Completed 40 classroom hours of training on the topics outlined in 420-3-2604(16)(g) on						
	The instruction v	was provided by	(Company Na	me and License/Regi		
		he instruction was provided by				
	(NOTE: ATTACH A COPY OF THE TRAINING CERTIFICATE)					
III.	ON-THE-JOB TRAINING Use the On-the-Job Training Record to document at least 320 hours of on-the-job training consisting of hands-on experience for radioactive materials and/or 160 hours of on-the job training consisting of hands-on experience for x-ray machines.					
IV.	ADDITIONAL QUALIFICATION REQUIREMENTS If currently working for a radiography company, you must complete this section, and the RSO must sign this form. Company Name Co. License/Registration No					
	Co. Mailing Add					
		S	treet	City Stat	e Zip	
	Completed written or oral exam given by licensee/registrant covering topics in 420-3-2604(16)(c) on					
					(MM/DD/YY)	
Demonstrated competence using this company's sources of radiation on						
	(MM/DD/YY)					
V.	CERTIFICATIO	Ν				
	I certify the above information is correct to the best of my knowledge.					
	Signa	ture of Radiographer		Signature of I	RSO	
	Doto Durate de a Tarre d'Alexand D					

Date

Printed or Typed Name of RSO