Fill in the form electronically and enter the quantities of requested services in the Fee Calculator. When the form is completed, press the button to the right to print. An electronic copy may also be saved by using the tool box at the top of the page.

Press here to print c

New Mexico Medical Imaging and Radiation Therapy Program

DUPLICATE OR REPLACEMENT OF CERTIFICATE OF LICENSURE APPLICATION

Form No. or Version 4.22.2010 Date April 2010

Regulation 20.3.20 NMAC

Customer Guidance http://www.nmenv.state.nm.us/nmrcb/documents/RadiologistTechnologistFAQs.pdf

New Mexico Environment Department
Radiation Control Bureau
New Mexico Medical Imaging and Radiation Therapy Program
P.O. Box 5469
Santa Fe, New Mexico 87502-5469
Phone No. (505) 476-3264
Facsimile No. (505) 476-3015

Social Security No. _____ or NM Registration No. _____

First Name _____

Last Name _____

Middle Name _____

Maiden Name _____

Address _____

City _____ State [Abbreviate] _____ Zip Code _____

Home Phone No. _____ Cell No. _____

Section 20.3.20.300 NMAC states that original certificates must be displayed at ***EACH*** place of employment. If additional certificates are required due to multiple posting locations, a valid duplicate certificate must be posted. Duplicate certificates are available through the Department using this form.

FEE CALCULATOR - DUPLICATE OR REPLACEMENT CERTIFICATE	QUANTITY	PRICE	AMOUNT
NM Application fee			10.00
Duplicate or Replacement of Certificate of Licensure [enter the number of duplicates or replacements requested in the following box]		5.00	
		Total	

Make checks or money orders payable to the NM Environment Department or NMED.
Cash and credit cards can ***NOT*** be processed at this time.

I certify that I am in compliance with the Radiation Protection Regulations, and that all information provided is true to the best of my knowledge.

Signature _____ Date _____

RCB USE ONLY Check Date _____ Check No. _____ Check Amount _____

# of Duplicates Requested _____