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 ENVIRONMENT DEPARTMENT
Radiation Control Bureau
NM Medical Imaging & Radiation Therapy Program
P.O. Box 5469
Santa Fe, NM 87502-5469
Telephone (505) 476-3264

http://www.nmenv.state.nm.us/nmrcb/radtech.html

BILL RICHARDSON
Governor

DIANE DENISH
Lieutenant Governor

RON CURRY
Secretary

SARAH COTTRELL
Deputy Secretary

General Information: Please complete this form electronically and then print out the completed form, sign, date and mail it to address above to the attention of Stephen Sanchez. [Leave fields that do NOT pertain to you or are not known to you, such as your NM Registration Number blank.] Your NM Registration Number may be used in place of your Social Security Number (SSN). ***This is NOT your NM License Number.*** If you use your NM Registration Number you ***DO NOT*** need to provide your SSN. If you want to find out what your NM Registration Number is, it may be located by viewing the Active New Mexico Radiologic Technologists (PDF) link located on our official web page. Use the above web link to visit our official web page.

NM Registration Number (***NOT*** you License Number) _____ or SSN _____

Please include copies of your current ARRT or NMTCB wallet cards. Submit copies of both cards if they are current.

Name _____

Address _____

City _____ State [Abbreviate] _____ Zip Code _____

Home No. _____ ** MAIDEN ** Name _____

Cell No. _____ Email Address _____

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	APPLICATION FEE		
An Application fee of $10 is charged for each individual and for each application that is submitted. This Application fee has already been placed in the amount column for your convenience.	10.00		
Duplicate or Replacement of Certificate of Licensure are ***$5 EACH***. Enter the number of copies you are requesting in the following box, which will add $5 for each copy to the the $10 application fee.	**QUANTITY**	**PRICE**	**AMOUNT**
		5.00	
The Grand Total Amount Due is the total amount due after the $10 application fee and $5 fee for each certificate copy that you ordered have been added together. **(Please note the amount due will be MORE than the $10 amount that is currently displayed in this Grand Total Box.)**			

Make checks or money orders payable to NMED. Cash and credit cards can ***NOT*** be processed at this time. Please mail applications, fees and a copy of your current ARRT or NMTCB wallet card, send both if current to the above address.

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 _____