DUPLICATE OR REPLACEMENT OF CERTIFICATE OF LICENSURE APPLICATION FORM

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NEW MEXICO ENVIRONMENT DEPARTMENT
Radiation Control Bureau
NM Medical Imaging & Radiation Therapy Program
P.O. Box 5469
Santa Fe, NM 87502-5469
Telephone (505) 476-8600

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

SUSANA MARTINEZ
Governor
JOHN A. SANCHEZ
Lieutenant Governor

DAVE MARTIN
Cabinet Secretary
BUTCH TONGATE
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 License Number may be used in place of your Social Security Number (SSN).

NM License Number _____ or SSN _____

ATTENTION: Please NOTE: **Include the following supporting documents with this application: On single sheet of paper, please copy an official government issued I.D., such as your State issued driver's license, AND a copy of your current ARRT or NMTCB wallet cards, submit copies of BOTH wallet 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**

	QUANTITY	PRICE	AMOUNT
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.		**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, and a copy of Official Issued Photo ID, such as a state issued driver's license to the above address.

I hereby certify that I am in compliance with all applicable judgments and orders for child support and in compliance with all applicable subpoenas or warrants related to paternity or child support proceedings and all other 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 _____

Form Revised 11/2/2011.

# of Duplicates Requested _____