DUPLICATE OR REPLACEMENT OF CERTIFICATE OF LICENSURE APPLICATION FORM

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SUSANA MARTINEZ
Governor
JOHN A. SANCHEZ
Lieutenant Governor

NEW MEXICO ENVIRONMENT DEPARTMENT
NM Medical Imaging & Radiation Therapy Program
PO Box 5469
Santa Fe, NM 87502-5469
Telephone (505) 476-8633

http://www.env.nm.gov/nmrcb/radtech.html

RYAN FLYNN
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 NMED-RCB-MIRT Program, PO Box 5469, Santa Fe, NM 87502-5469. [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).

Registrant 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** _____

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

Enter the quantity number electronically in the QUANTITY BOX. If you entered the QUANTITY amount electronically, the FEE AMOUNT will auto calculate and the Grand Total Fee Amount Due will auto calculate. If you do NOT enter the QUANTIYY field electronically the Grand Total Amount will NOT be displayed and you will have to manually calculate the Grand Total fee amount to send in with this application. If you are unsure of the correct fee amount to send in with this application please call 505-476-8633 for assistance.

QUANTITY	PRICE	AMOUNT
	5.00	

The Grand Total Amount Due in this box will be the the $10 application fee plus adding $5 fee for each certificate copy.
(Please note that the minimum fee amount due will be $15.00 (i.e. $10.00 application fee and $5.00 for one original certificate. If you are unsure of the total fee amount to send in with this application please call 505-476-8600 for assistance.

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.

Please enter the total number of Duplicate Certificates Requested in this box. _____

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 _____

Check Date _____ Check No. _____ Check Amount _____

Form Revised
July 8, 2015