

**DUPLICATE OR REPLACEMENT OF CERTIFICATE OF LICENSURE APPLICATION FORM**



**NEW MEXICO ENVIRONMENT DEPARTMENT  
 NM Medical Imaging & Radiation Therapy Program  
 PO BOX 5469  
 Santa Fe, NM 87502-5469**



SUSANA MARTINEZ  
 Governor  
 JOHN A. SANCHEZ  
 Lieutenant Governor

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

RYAN FLYNN  
 Cabinet Secretary  
 BUTCH TONGATE  
 Deputy Secretary

**General Information:** [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).

Registrant Number	<input type="text"/>	or SSN	<input type="text"/>	<b>ATTENTION: Please NOTE:</b>	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 applicable.
Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State [Abbreviate]	<input type="text"/>	Zip Code	
Home No.	<input type="text"/>	** MAIDEN ** Name	<input type="text"/>		
Cell No.	<input type="text"/>	Email Address	<input type="text"/>		

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		
An Application Fee of \$10.00 is charged for each application that is submitted and is in addition to the \$5.00 fee amount for each additional certificate that is ordered.	<b>10.00</b>	
Duplicate or Replacement of Certificate of Licensure are <b>\$5 EACH</b> . Enter the number of copies you are requesting in the following box. Add \$5 to the \$10.00 application fee for each certificate ordered. If unsure of the correct fee amount call 505-476-8600.	<b>QUANTITY</b>	<b>PRICE</b>
<input type="text"/>	5.00	<b>EACH</b>
Enter the Total Fee Amount Due, which is the sum of the \$10.00 application fee and adding \$5.00 for EACH copy. (Please note the Total Amount due will be MORE than the \$10.00 and a minimum fee amount of \$15.00 if only one copy is needed.	\$ <input type="text"/>	

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 applicable, 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	<input type="text"/>	Date	<input type="text"/>
RCB USE ONLY  Form revised September 2014	Check Date	<input type="text"/>	Check No.
		<input type="text"/>	<input type="text"/>
	# of Duplicates Requested	<input type="text"/>	Check Amount
	<input type="text"/>	<input type="text"/>	<input type="text"/>