Print Form

New Mexico Medical Imaging and Radiation Therapy Program

REQUEST FOR WRITTEN VERIFICATION

APPLICATION

Form No. or Version 3.26.2010 Date March 2010

Regulation 20.3.20 NMAC

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

GENERAL INFORMATION

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. _____

Required Documentation

Please submit with this application form a copy an official government issued photo identification card and the document or other official state form that you are requesting completion for verification. After the form is completed it will be returned to the address that appears on the form that is completed, unless otherwise indicated by written instructions.

FEE CALCULATOR - LEGAL NAME CHANGE FEES	QUANTITY	PRICE	AMOUNT
NM Application fee			10.00
Request for Written Verificaton fee			10.00
		Grand 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.

Check or Money Order Number _____

I certify I have not been convicted of a felony, and child support payments are not delinquent. All information submitted is true and correct to the best of my knowledge. I have read and understand the New Mexico Radiation Protection Regulations, and understand I am required to comply with these regulations.

Signature _____ Date _____

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