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 Medical Imaging and Radiation Therapy Program
WRITTEN VERIFICATION
APPLICATION FORM

Date August 2011

Regulation 20.3.20 NMAC

Customer Guidance http://www.nmenv.state.nm.us/nmrcb/documents/RadiologistTechnologistFAQs.pdf

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) 476-8600

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 Email Address _____

Please submit with this application a copy of an official government issued photo identification and the verification document. The completed form will be returned to the address appearing on the form, unless otherwise requested.

FEE CALCULATOR - WRITTEN VERIFICATION	QUANTITY	PRICE	AMOUNT
NM Application fee			10.00
Written Verification [enter the quantity requested in the following box]		10.00	
		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.

I hereby certify that I am in compliance with all applicable judgments and orders for child support and am 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 _____