



Industrial Radiographer Certification Business Filing And Verification

RC Form 255-E Trainee Qualification Application

Complete ALL sections. Email the completed application to IndRadCertification@dshs.texas.gov. Retain a copy for your records.

SELECT ONE: New Trainee Status Card Replacement Card

SECTION I: PERSONAL DATA

Full Name: _____
Last First Middle

Date of Birth (MM/DD/YY): _____

Social Security Number: _____

Mailing Address: _____
Street City State Zip

Phone Number: _____

Email Address: _____

Mail trainee card to: Residence Employer

SECTION II: COMPANY INFORMATION

If currently working for a radiography company, you must complete this section and the RSO must sign the form.

Company Name: _____

Co. Mailing Address: _____
Street City State Zip

Co. Phone No: _____ Co. License/Registration No. _____

Email Address: _____

SECTION III: AGENCY AUTHORIZED TRAINING [25 TAC §289.255(e)(1)(A)]

Completed 40 classroom hours of training on the topics outlined in 25 TAC §289.255 (x)(1):

_____ (MM/DD/YY)

This instruction was provided by:

Company Name: _____ State _____

Please provide a copy of the completed 40 classroom hours of training certificate.

SECTION IV: CERTIFICATION

The Business Filing and Verification (BFV) policy states that on-the-job training hours may begin on the date this form is signed, if the form is received by BFV within 14 calendar days of the signature date.

Only the trainee is required to certify the classroom training in Section III, above, if this training was received prior to employment.

I certify the above information is correct to the best of my knowledge.

Trainee Applicant Signature

Radiation Safety Officer (RSO) Signature

Date

RSO Printed Name

Send this application to: IndRadCertification@dshs.texas.gov

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004).

FOR AGENCY USE ONLY

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| ID No. | |
| App No. | |
| File No. | |
| Entity No. | |
| Staff Initials | |