

## **ILLINOIS EMERGENCY MANAGEMENT AGENCY**



## APPLICATION FOR EXAMINATION IN INDUSTRIAL RADIOGRAPHY

- 1. The application must be complete, legible and signed.
- 2. To initiate the on-line payment option, the completed application must be faxed or emailed. (See below)
- 3. See the following link for further information on the Exam/Certification process: http://radtech.iema.illinois.gov
- 4. If you have any questions, please call 217-785-9913.

## NAME MUST MATCH WHAT IS ON DRIVER'S LICENSE OR GOVERMENT ID!

			1
I. Social Security Number:			II. Birthdate:
	(###-##-###)		(mm/dd/yyyy)
Name:			Pusiness Talanhana
Last	First	MI	Business Telephone:
A al divo co.			Hama (Call Talanhan a
Address:			Home/Cell Telephone:
			For the Property of the Proper
City	State	Zip Code	Email (Required):  Communications and grades will be via email
City	State	Zip Code	Communications and grades will be via email
III. Type of Industrial Radiograph	y Exam desired	( <u>\$150 Fee</u> )	
Radioactive Materials	X-Ray	Both	
IV. Application for Examination in	n Industrial Radiog	raphy	
Initial Examination	Exam Month (	(MM/YYYY):	
Re-Examination			
V. Current Industrial Radiography Employment (if applicable)			
Currently Employed	Employer's Name		
Unemployed	Street Address	Street Address	
N/A	City		State Zip
<b>Mail:</b> IEMA Industrial Radiography Certifica 1035 Outer Park Drive Springfield, Illinois 62704	Fax	nail: ema.radtech x: 217-785-9946	n@illinois.gov Questions/Assistance: 217-785-9913 TDD: 217-782-6133
Signature of Applicant		Date Application Signed	
FOR OFFICE USE ONLY		TRANSACTIO	N# FEE RECEIVED