



ILLINOIS EMERGENCY MANAGEMENT AGENCY and OFFICE OF HOMELAND SECURITY

I Exam

APPLICATION FOR EXAMINATION IN INDUSTRIAL RADIOGRPAHY

- 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: 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 GOVERNMENT ID

I. Social Security Number: \_\_\_\_\_ Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
II. Birthdate: \_\_\_\_\_ Business Telephone: \_\_\_\_\_
Home/Cell Telephone: \_\_\_\_\_ Email (Required): \_\_\_\_\_
Communications and grades will be via email
III. Type of Industrial Radiography Exam desired (\$150 Fee)
[ ] Radioactive Materials [ ] X-Ray [ ] Both
IV. Application for Examination in Industrial Radiography
[ ] Initial Examination Exam Month (MM/YYYY): \_\_\_\_\_
[ ] Re-Examination
V. Current Industrial Radiography Employment (if applicable)
[ ] Currently Employed Employer's Name: \_\_\_\_\_
[ ] Unemployed Street Address: \_\_\_\_\_
[ ] N/A City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Mail: IEMA-OHS Industrial Radiography Certification Program 4800 Wabash 3-F West Springfield, IL 62711-7073
Email: ema.radtech@illinois.gov Questions/Assistance: 217-785-9913
Fax: 217-785-9946 TDD: 217-782-6133
Signature of Applicant Date Application Signed
FOR OFFICE USE ONLY TRANSACTION# FEE RECEIVED