

STATEMENT OF TRAINING AND EXPERIENCE
Limited Radiography License Only
Application for Use of Sealed Sources in Radiography

This form should be used only by persons who wish to perform radiography under a Limited Radiography License as described in Section 3 of *Applicant's Guide—Industrial Radiography*, form RH 2051 R.

Instructions: (1) Use a separate form for each individual. (2) Additional pages may be attached. (3) Submit all material in duplicate to: California Department of Public Health, Radiologic Health Branch, MS 7610, Licensing Section, P.O. Box 997414, Sacramento, CA 95899-7414. For more information, go to www.dhs.ca.gov/rhb or phone (916) 327-5106. (4) See *Applicant's Guide—Industrial Radiography, Appendix A, Section 3*, for additional information.

1. a. Name of proposed radiographer

b. To be included on license number

In the name of

2. Experience

List experience as a (1) radiographer or (2) radiographer's assistant:

a. Dates

From:

To:

Position held

(1)

(2)

Type of equipment used

Make:

Model number:

Type and amount of activity (isotope and curies)

Employer

License number (Agreement State or U.S. NRC)

Address (number, street)

City

State

ZIP code

b. Dates

From:

To:

Position(s) held

(1)

(2)

Type of equipment used

Make:

Model number:

Type and amount of activity (isotope and curies)

Employer

License number (Agreement State or U.S. NRC)

Address (number, street)

City

State

ZIP code

c. Dates

From:

To:

Position(s) held

(1)

(2)

Type of equipment used

Make:

Model number:

Type and amount of activity (isotope and curies)

Employer

License number (Agreement State or U.S. NRC)

Address (number, street)

City

State

ZIP code

d. Dates
 From: _____ To: _____
 Position(s) held
 (1) _____ (2) _____
 Type of equipment used
 Make: _____ Model number: _____
 Type and amount of activity (isotope and curies)

 Employer _____ License number (Agreement State or U.S. NRC) _____
 Address (number, street) _____ City _____ State _____ ZIP code _____

3. Training

a. High school graduate
 Yes No
 b. College or university
 Name _____ Location _____
 Years completed _____ Degree _____ Course of study _____

c. Training specific to use of sealed sources in industrial radiography
 Name of instructor and/or school _____ Dates
 From: _____ To: _____

d. _____ determined compliance with 17 CAC 30333(a) [10 CFR 34.31]
 _____ (name)
 for the person named above by _____
 (Briefly describe test, on-the-job evaluation, etc. Written test copy may be attached.)

4. Certificate

The proposed radiographer and any official executing this certificate on behalf of the licensee named in item 1.b., certify that all information contained herein, including any supplements attached hereto, is true and correct.

Proposed Radiographer named in item 1.a.	Date
Radiation Safety Officer	Date