Radiation Safety Training Course Application

Mail Application To:	Or Fax, Email Application To:	\$ T
man Application 10.	East (F42) 000 7602 Pharman	(540) 000 4774
John R. Haygood 1779 Wells Branch Pkwy	Fax: (512) 989-7682 Phone: Cell: (512) 656-1829 Email:	(512) 989-1774 jhaygood@swbell.net
#110B - PMB 282	•	
Austin, TX 78728	See Schedule at http://wwww.radia	ationsafety.net
Course (Check One):	Enter Desired Date	Fee per Trainee
☐ IG-1 Spinning Pipe Gauge Radiation	Safety, 8 Hours	\$275
☐ IG-2 Portable M/D Gauge Radiation S		\$225 \$550
☐ IG-3 Radiation Safety Officer, 16 Hou	rs	φ330
Note: Receipt of Application Reserves Slot, Receipt of Payment Confirms Reservation.		
Fee Payment: ☐ Company Check	☐ Company Purchase Order #	
CREDIT CARD:(check one) □ VISA	VISA □ MasterCard	
Щ		
Credit Card No.		Note: Billing address must be
Amount to be charged:\$		complete. Payment will
Authorized Cinnetons		be processed about the time of the registration
Authorized Signature		deadline. Receipt will be faxed or mailed to you
Billing Address:		about 24 - 48 hours
		following processing. DO NOT EMAIL IF USING
City	State ZIP	CREDIT CARD for payment!
Company Name & Address:		
Radiation Safety Officer or Manager:		
Company Phone ➤ () Company Fax ➤ ()		
License or Registration Number & Issuing Agency (Indicate Applying ForeIf Applicable)		
(indicate MAPPIying Foreit Applicable)		
Trainee Applicant=s Name (Please Print or Type th		
Trainee Applicant=s Name (Please Print or Type th	e Name as	
Trainee Applicant⇒s Name (Please Print or Type the it Should Appear on the Training Certificate):	e Name as ▶	
Trainee Applicant=s Name (Please Print or Type the it Should Appear on the Training Certificate): Trainee Applicants=s Phone: Trainee Applicant=s Drivers License and State: Applicant=s Education/training:	e Name as () Applicant's Experience:	
Trainee Applicant⇒ Name (Please Print or Type the it Should Appear on the Training Certificate): Trainee Applicant⇒ Phone: Trainee Applicant⇒ Drivers License and State: Applicant⇒ Education/training: Primary School (Highest Year 1 - 12)	e Name as () Applicant's Experience: Time Worked with Race	
Trainee Applicant=s Name (Please Print or Type the it Should Appear on the Training Certificate): Trainee Applicants=s Phone: Trainee Applicant=s Drivers License and State: Applicant=s Education/training:	e Name as () Applicant's Experience:	
Trainee Applicant⇒ Name (Please Print or Type the it Should Appear on the Training Certificate): Trainee Applicant⇒ Phone: Trainee Applicant⇒ Drivers License and State: Applicant⇒ Education/training: Primary School (Highest Year 1 - 12) Years of Tech School or College Radiation Safety Courses Taken Course Info: Trainees receive Training Manual	e Name as () Applicant's Experience: Time Worked with Rac Type of Radiation Wor Current Duties: (or Exams: Review quizzes an	rk:
Trainee Applicants Name (Please Print or Type the it Should Appear on the Training Certificate): Trainee Applicants Phone: Trainee Applicants Drivers License and State: Applicants Education/training: Primary School (Highest Year 1 - 12) Years of Tech School or College Radiation Safety Courses Taken Course Info: Trainees receive Training Manual Radiation Safety Handbook + Workbook fo	e Name as () Applicant's Experience: Time Worked with Rac Type of Radiation Wor Current Duties: (or RSO Exams: Review quizzes an true/false f	rk:
Trainee Applicant⇒ Name (Please Print or Type the it Should Appear on the Training Certificate): Trainee Applicant⇒ Phone: Trainee Applicant⇒ Drivers License and State: Applicant⇒ Education/training: Primary School (Highest Year 1 - 12) Years of Tech School or College Radiation Safety Courses Taken Course Info: Trainees receive Training Manual	e Name as () Applicant's Experience: Time Worked with Rac Type of Radiation Wor Current Duties: (or RSO Point Exams: Review quizzes an true/false f	rk: