

(A) Complete form with name, home address, home telephone number, social security number, date of birth, gender, place of employment, employment address, and employment telephone and fax number.

(B) If you previously held a Mississippi radiological or limited x-ray machine operator permit, enter the permit number in the space provided.

(C) Verify that all the information is correct by signing the application of registration.

(D) Your employing clinic's office manager or director must verify your employment by signing in the space provided. If you are the office manager, signature of your supervisor or higher authority must be obtained.

(E) Return application for registration along with a copy of your 12 hours of continuing education and a check in the amount of \$50.00 to the address listed on the application.

(F) Upon receipt of the above, a permit will be issued and mailed to you at your home address.

(G) All incomplete applications will be returned and processing will be delayed. A \$10.00 fee will be assessed each time an application is returned due to incompleteness. A \$50.00 fee will be assessed for all returned checks.

NOTE: If you previously held a Mississippi radiological or limited x-ray machine operator permit and wish to change the name listed on the permit, submit a certified copy of marriage certificate, divorce decree or other name change documentation. Photocopy may be accepted with statement attesting it is a true and correct copy of original document along with proper notarization.