

RPR 1C. REQUEST FOR TRAINING VERIFICATION

(Please type or print legibly)

Organization: _____

Address: _____

Attention: _____
Radiation Safety Officer (if known) or Supervisor (indicate which).

To whom it may concern:

Please send verification that I received radiation safety training appropriate for independent work with radioactive materials and/or radiation sources to the address indicated below:

Last name: _____ First names: _____

Soc. Sec. #: _____ Birth date: Mo: _____ Day: _____ Yr: _____

Inclusive dates of work with radiation (m/yr to m/yr): _____ to _____

Please send the requested information to:

Idaho State University
Technical Safety Office
Stop 8106
Pocatello, ID. 83209-8106

Signature: _____ **Date:** _____