

# 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:** \_\_\_\_\_