

125 Holmes Street, Suite 320 Frankfort, KY 40601 502-782-5687 Phone 502-782-6495 Fax http://kbmirt.ky.gov

CONTACT INFORMATION FORM

Please include a copy of the passing results of your Kentucky Limited Scope exam.

For a name change: A copy of legal documents must accompany this form (i.e. Marriage License)

City Email: Employment Information Place of Employment: Susiness Address: (Street, Road, or Box No.) City State Zip Code	Contact In	formation				
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			(Street, Road, or Box No.)			
		City	State	Zip Code		
Phone: Work Email:		Phone:	Work Email	:		
I am not currently employed as a limited x-ray machine operator.	□ Iam n					
I am not currently employed as a numera x-ray machine operator.		or currently employed as a	minted x-ray machine operator	•		
	Signature			Dat	e	