



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)

#### **Contact Information**

KY Radiation License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YY)

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Employment Information**

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street, Road, or Box No.)

\_\_\_\_\_  
*City State Zip Code*

Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

**I am not currently employed as a limited x-ray machine operator.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date