



THE SOUTH CAROLINA RADIATION QUALITY STANDARDS ASSOCIATION  
P.O. Box 7515 • Columbia, SC 29202 • Telephone (803) 771-6141 • FAX # (803) 771-8048 • www.scrqsa.org

## ADDRESS/NAME CHANGE FORM/REPLACEMENT CARD

Current Name on Certificate : \_\_\_\_\_

Does the name need to be changed:    YES    or    NO (*please check one*)

Change name to read: \_\_\_\_\_

Does the address need to be changed:    YES    or    NO (*please check one*)

Do you need a reprint:    YES    or    NO (*please check one*)

### REPRINT FEE IS \$5.00.

Please make checks payable to the SCRQSA or provide a credit card number. Fee is NOT refundable.

Please check here if new address

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
*Please Print Clearly*

Home Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ SCRQSA Certificate # \_\_\_\_\_

\_\_\_\_\_ Employer's Phone Number \_\_\_\_\_

#### EMPLOYMENT FACILITY

Check if more than one place of employment

Check here if wish to be excluded from the online  
Directory of certificate holders

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

For Credit Card Payments: Please Check Card Type:    Master Card    VISA    Billing Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

FOR OFFICE USE ONLY:    \_\_\_\_\_ Check/Money Order Number    \_\_\_\_\_ Credit Card    \_\_\_\_\_ Amount Paid