



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 _____

Credit Card Payments: Please Check Card Type: ___ MasterCard ___ VISA ___ Discover 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