



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 CHANGE/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 you are updating your address

First Name _____ Last Name _____ M.I. _____
Please Print Clearly

Home Mailing Address _____

City _____ State _____ Zip _____

E-mail Address: _____
[please provide an E-mail address that you check regularly]

Home Phone Number _____ SCRQSA Certificate # _____

_____ Work Phone Number _____

EMPLOYMENT FACILITY

Check if more than one place of employment Check here to be excluded from the online directory of certificate holders

Signature of Applicant

Date

Credit Card Payments: Please Check Card Type: MasterCard VISA DISCOVER

Card Number: _____ EXP DATE: _____ CVV Code: _____

Billing Zip Code: _____

Signature of Card Holder: _____

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