(Rev. 11/22)



## **National Registry of Radiation** Protection Technologists P.O. Box 3084, Westerly, RI 02891 (401) 637-4811

Office Use Only				
Pd by:				
Ck #:				
Amt:				
ID#:				

## **Examination Retake Form**

Instructions: <u>Type</u> or <u>print neatly</u> is	Retake Fee \$175					
Date:/ SSN: _	XXX - XX -	DoB:				
Month/Day/Year you intend to take exam	n: January/February _	Augu	ıst 201			
Name:(Last, First, Mid	ddle Initial)					
Mailing Address:						
(City)	(St	ate)	(Zip)			
Business Phone: ()	<del>-</del>					
Email Address:						
Primary Experience (circle one): Nucle  Payment Enclosed (Circle one)	List Dates of Prev NRRPT®	vious				
Check or M.O.	Exams Taken					
Visa or Mastercard						
Card #:	-					
Exp Date:	-					
Billing Address:	Please return (	<b>:</b>	NRRPT® P.O. Box 3084 Westerly, RI 0289	1		