(Rev. 7/06)

National Registry of Radiation Protection Technologists

P.O. Box 3084, Westerly, RI 02891
(401) 637-4811

Office Use Only
Pd by:
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Amt:
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Examination Retake Form

Instructions: Type or print neatly in black ink

Retake Fee
$125

Date: _____/_____/_____ SSN: _____-_____-_____

Month/Day/Year you intend to take exam: January/February ____ August ____ 200____

Name: _____
(Last, First, Middle Initial)

Mailing Address: _____

_____

_____
(City) (State) (Zip)

Business Phone: (_____)_____-_____

Payment Enclosed
(Circle one)

Check or M.O.
Visa or Mastercard
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Exp Date:
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List Dates of Previous NRRPT® Exams Taken _____

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