



Radiation Safety Certificate Re-issue Request

Assistant Name: _____

Last 4 of SSN: _____

Mailing Address: _____

City, State & Zip: _____

Area/Phone: _____

Email: _____

Payment Method:

\$10 check or money order made payable to: SCDA. Check/MO # _____

Visa/MasterCard/Discover/AMEX #: _____

Exp.: _____ vCode: _____

Signature: _____ Date: _____

Return request to: SCDA
Attn: Sue Copeland
120 Stonemark Lane
Columbia SC 29210

Or fax: 803/750-1644