



TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

REQUEST FOR CANCELLATION OF MEDICAL RADIOLOGIC TECHNOLOGIST CERTIFICATE

Medical Radiologic Technologist's Name _____
(Please print)

Medical Radiologic Technologist Certificate Number _____
(Please print)

BEFORE ME, the undersigned notary public, on this day personally appeared _____,
who, after being by me duly sworn, upon his oath deposed and said:

I hereby request that my medical radiologic technologist certificate number _____ be cancelled effective
immediately.

I understand if my medical radiologic technologist certificate has been expired for one year or longer, my certificate
would be considered canceled, unless an investigation is pending. After closure of the investigation, the certificate
shall be automatically cancelled for nonpayment of registration fees, late fees, and/or failure to timely submit
registration forms.

I understand that by executing this affidavit, my permit will be cancelled and I will no longer be able to exercise any
rights or privileges as a medical radiologic technologist in Texas.

I understand that in order to practice as a medical radiologic technologist in the future, I must file an application for
re-certification and meet all requirements for certification in effect at the time of application.

Medical Radiologic Technologist's Signature

SUBSCRIBED & SWORN to me by _____, before me on this
the ____ day of _____, 20____, to certify which, witness my hand and seal of
office.

Notary Public Signature
Notary's Printed Name:

Notary Seal

State of _____
My Commission Expires: _____

Location Address:
333 Guadalupe, Tower 3, Suite 610
Austin, Texas 78701

Mailing Address:
P.O. Box 2029 MC 245
Austin, Texas 78768-2029
www.tmb.state.tx.us

Contact Information:
Phone 512.305.7030
registrations@tmb.state.tx.us