



## TEXAS BOARD OF MEDICAL RADIOLOGIC TECHNOLOGY

### REQUEST FOR CANCELLATION OF NON-CERTIFIED TECHNICIAN REGISTRY

Non-Certified Technician's Name \_\_\_\_\_  
(Please print)

Non-Certified Technician Registry 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 non-certified technician registry number \_\_\_\_\_ be cancelled effective  
immediately.

I understand if my non-certified technician registry has been expired for one year or longer, my certificate would be  
considered cancelled, unless an investigation is pending. After closure of the investigation, the registry listing 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 registry listing will be cancelled and I will no longer be able to  
exercise any rights or privileges as a non-certified technician in Texas.

I understand that in order to practice as a non-certified technician in the future, I must file an application for and  
meet all requirements for inclusion on the registry in effect at the time of application.

\_\_\_\_\_  
Non-Certified Technician'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:**  
1801 Congress Ave, Suite 9-200  
Austin, Texas 78701

**Mailing Address:**  
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