Doord of Dodi	alasia Tashualasiata	RENEWAL APPLICATION				
Board of Radiologic Technologists 301 South Park PO Box 200513 Helena MT 59620-0513 (406) 444-6880		Check For New Address. Indicate any changes below.			License No	
Name						
Address						
City		State		Zip Code		
Country			Email			
Renewal Fee: TO RENEW O	Limited Permit license \$60.00 Late Renewal NLINE GO TO: https://o on the renewal deadline te fee.) OR	Postmarked afte ebiz.mt.gov/pol	r February 1 \$120.0 (Online transactions n	nust be comple		
2) Answer the 3) Submit a ch Do not send 4) Renewals pos \$120.00. NO 5) Sign the rer 6) Return the renewals pos	ne renewal application. disciplinary question at the eck or money order for \$6 cash. Canadian and fore stmarked after February 1 wo EXCEPTIONS! newal application. Tenewal application and fee or unsigned renewal applic	50.00 made payablign residents pay it will be assessed a page to the Board office	e to the Board of Radion U.S. funds only. enalty fee of \$60.00, in the by February 1.	ncreasing the tot)
I understand I established by to be out of co	EDUCATION STATEMENT: have a recurring duty to one ARM 24.204.2101, and the mpliance with these requirely suspended until I meet	nat I may be audito rements, I unders	ed for compliance with tand my license may b	these required be subject to di	ments. If I am f	
Incomplete or	unsigned renewal applicati	ions will not be pro	ocessed and will be ret	urned.		
OUR PROFES	GAL OR DISCIPLINAR SSIONAL LICENSES S ENEWED YOUR LICEN	INCE EITHER Y	OUR INITIAL LICE	ENSURE IN		
<u> </u>	f so, please attach copion from the following from the information in the information in the information in the information in the following from the information in the following from	-1-105 requires	that you report this	information.	Failure to accu	
	lare under penalty of perjute to the best of my knowl		n included in my renew	al to be true		

___Date: _____

Your signature: