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42601-0804: \$10.00

**Oregon Board of Radiologic Technology
Request for Duplicate License
Fee: \$10.00**

Date: _____

Name: _____ License/LP #: _____
(Last) (First) (Middle)

Please issue a duplicate certificate of licensure to me,

(Signature)

The certificate will show my current mailing address,

Which is: _____

Phone: _____
(Area Code)

Fax number you can be received at: _____
(Area Code)

Make Check, Money Order or Cashiers Check to: OBRT