

42601-0808: \$10.00

800 NE Oregon St., Suite 1160A
Portland, OR 97232
FAX: 971-673-0218
Phone: 971-673-0215

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

Licensee: _____ License/LP #: _____
(Last) *(First)* *(M.I.)*

Please mail verification of license to:

Business Name: _____

Address: _____

Attn: _____

Fax number: _____
(Area Code)

I, the licensee authorize OBRT to provide verification of licensure to the above mentioned name or entity;

(Signature) *(Date)*

Phone: _____
(Area Code)

**Make Check, Money Order or Cashiers Check to: OBRT
800 NE Oregon St #1160A
Portland, OR 97232**