


Fill in the form electronically and enter the quantities of requested services in the Fee Calculator. When the form is completed, press the button to the right to print. An electronic copy may also be saved by using the tool box at the top of the page.



New Mexico Medical Imaging and Radiation Therapy Program
WRITTEN VERIFICATION
 APPLICATION FORM

Form revised May 2017

Regulation 20.3.20 NMAC

GENERAL INFORMATION

New Mexico Environment Department
NM Medical Imaging and Radiation Therapy Program
 PO BOX 5469
 Santa Fe, NM 87502-5469
 Phone No. (505) 476-8633

Social Security No. or NM Registration No.

Name

Address

City State [Abbreviate] Zip Code

Home Phone No. Cell No.

Required Documentation Email Address

Please submit with this application a copy of an official government issued photo identification and the verification document. The completed form will be returned to the address appearing on the form, unless otherwise requested.

FEE CALCULATOR - WRITTEN VERIFICATION			QUANTITY	PRICE	AMOUNT
NM Application fee. Only one \$10 application fee is applied. See note below regarding additional required fees.					10.00
Enter the total number of Written Verification needed in the following box. A MINIMUM of 1 must be entered in the "QUANTITY" box.					<input type="text"/>
					10.00
Total					<input type="text"/>

Please note: A **MINIMUM** fee of \$20 will be required. in the "Quantity" field, enter the total number of written verification needed. For example, If you only need verification for one state enter "1" in the "Quantity field and the Total Fee Amount due will auto calculate a \$20 fee. If you do not complete this form electronically the Total Fee Amount will not auto calculate. You will have to add the \$10 application fee and then have to add an additional \$10 for each written verification that are needed to get the total fee amount. To ensure that the correct fee amount is submitted please call 505-476-8633. Make checks payable to NMED.

I hereby certify that I am in compliance with all applicable judgments and orders for child support and am in compliance with all applicable subpoenas or warrants related to paternity or child support proceedings and all other Radiation Protection Regulations, and that all information provided is true to the best of my knowledge.

Signature Date

RCB USE ONLY Check Date Check No. Check Amount