



Section 1 – Sample Request for Replacement Exposure Device Operator/Qualified Operator (EDO/QO) Certificate

To be completed by a Licensed Gamma Radiography Facility Representative:

I hereby certify that (Mr./Mrs./Ms) _____, Natural Resources Canada (NRCan) # _____, is a certified EDO/QO, and has safely operated an exposure device within the past two years. In addition, I hereby certify that this individual possesses the required knowledge and skills to safely operate an exposure device.

Please send a replacement certificate to the following mailing address:

Street

Apt. #

City

Province

Postal Code

Telephone Number

Name of Licensed Gamma Radiography Facility

Name of Licensed Gamma Radiography Facility Representative

Signature of Licensed Gamma Radiography Facility Representative

Date



Section 2 – Sample Request for Replacement Exposure Device Operator/Qualified Operator (EDO/QO) Certificate

To be completed by a Licensed Gamma Radiography Facility Representative:

(Mr./Mrs./Ms) _____, Natural Resources Canada (NRCan)
_____, is a certified EDO/QO, but has not operated an exposure device within the past two years.

To ensure that this individual is thoroughly familiar with the principles of gamma radiography and the principles and practices of radiation protection for the safe operation of exposure devices, this individual has completed the following training and examination:

- [Please provide a description of the training provided to the EDO/QO, including any relevant work experience.]
- [Please attach a copy of the practical examination completed by the EDO/QO within the past six months.]

Based on the training, experience and examination detailed above, I hereby certify that this individual possesses the required knowledge and skills to safely operate an exposure device.

Please send a replacement certificate to the following mailing address:

Street Apt. #

City Province

Postal Code Telephone Number

Name of Licensed Gamma Radiography Facility

Name of Licensed Gamma Radiography Facility Representative

Signature of Licensed Gamma Radiography Facility Representative

Date