



TEXAS MEDICAL BOARD

CANCELLATION BY REQUEST

Non-Certified Radiologic Technician's Name _____
(Please print)

NCT Permit Number _____

BEFORE ME, the undersigned notary public, on this day personally appeared _____, who, after being by me duly sworn, upon his oath deposed and said:

I hereby request that my Non-Certified Radiologic Technician Permit, Number _____ be cancelled immediately.

I understand if my non-certified radiologic technician permit has been expired for 90 days or longer, my license would be considered canceled, unless an investigation is pending. After closure of the investigation, the license shall be automatically cancelled for nonpayment of registration fees, late fees, and/or failure to timely submit registration forms.

I understand that by executing this affidavit, my permit will be cancelled and I will no longer be able to exercise any rights or privileges as a non-certified radiologic technician in Texas.

I understand that in order to reactivate the permit following cancellation, I must file a new application and meet all requirements in effect at the time of application.

Non-Certified Radiologic Technician's Signature Date

SUBSCRIBED & SWORN to me by _____, before me on this
the ____ day of _____, 20____, to certify which, witness my hand and seal of office.

Notary Public Signature
Notary's Printed Name:

Notary Seal

State of _____
My Commission Expires: _____

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