KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Bureau of Community Health Systems
Radiation Control Program
1000 SW Jackson Street, Suite 330
Topeka KS 66612-1365
(785) 296-1560

State law allows you to pay fees to the Radiation Control Program by check or money order made payable to KDHE or by credit card. We accept the credit cards listed below. Complete this form for credit card payments only. **Due to many programs within our department collecting fees, supporting paperwork MUST accompany all forms of payment.**

Payment for:

- ☐ Radioactive Materials License
- ☐ X-ray Equipment Registration
- ☐ Radon Certification
- ☐ Reciprocity
- ☐ Generally Licensed Devices
- ☐ Tier II
- ☐ Form R
- ☐ Other_____

Payment type (check one):

☐ VISA ☐ MasterCard ☐ DISCOVER ☐ AMERICAN EXPRESS

License or Registration Number, if applicable: _____

Total payment amount $: _____

I hereby certify all information provided on this payment form is complete and accurate.

Cardholder's Signature: _____ Date: _____

Signature gives the State of Kansas Department of Health and Environment, Radiation Control Program authorization to process payment for the above listed transaction(s) and amount(s) against the referenced credit card. The customer agrees that the signature above is that of the authentic cardholder and the intent of this form is to secure payment due to the State of Kansas Department of Health and Environment.

Account Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	
Expiration Date: _____ / _____	
Name (as it appears on card):	Email address:
Company Name:	
Mailing Address:	
City: State: Zip:	

PLEASE NOTE: After the transaction has been processed, a receipt will be sent to the email address above. This form shall be maintained in a secure location for reconciliation purposes for a period of one year and then properly disposed of by shredding.