## 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** 

•	he credit cards listed below. artment collecting fees, su	•	• •	•
Payment for:	Radioactive Materials License X-ray Equipment Registration			ent Registration
	Radon Certification Reciprocity Generally Licensed Dev		nsed Devices	
	Tier II	Form R	Other	
Payment type (check one):				
VISA	MasterCard	DISC	VER'	AMERICAN EXPRESS
Total payment amount \$  I hereby certify all information provided on this payment form is complete and accurate.				
Cardholder's Signature:				
Account Number:				
Expiration Date:	n Date: /		CVV (3 digits on back)	
Name (as it appears on card):		Email a	ddress:	
Company Name:		1		
Card Address:				
City:	State:		Zin:	

**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.