



Limited Scope Operator (LSO) X-ray Training Course

Class registering for: _____

Student Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment #*

Home Phone: _____ Cell Phone: _____
City *State* *ZIP Code*
() ()

E-mail: _____

Social Security Number: _____

Birth Date: _____ Marital Status: _____

Job Information

Title: _____

Employer: _____ Department: _____

Work Location: _____ E-mail Address: _____

Work phone: _____ Cell Phone: _____
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Supervisor: _____
Professional licenses and/or certifications

Send this form, or fax it, to:

**LSO Training, LLC
2620 South Parker Road, Suite 170
Aurora, CO 80014
Fax (303) 539-3801**

***** \$2,000 Tuition is due on the first day of class *****