

PRIVATE INSPECTOR UPDATE SHEET

Section A

Name: _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Office Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Education: _____

Certifications: _____

Section B

Types of Services Provided:

<input type="checkbox"/> Chiropractic X-ray Inspections	<input type="checkbox"/> Dental X-ray Inspections	<input type="checkbox"/> Veterinary X-ray Inspections
<input type="checkbox"/> Podiatry X-ray Inspections	<input type="checkbox"/> Medical X-ray Inspections	<input type="checkbox"/> Therapy X-ray Inspections
<input type="checkbox"/> Bone Densitometers	<input type="checkbox"/> Mammography Inspections	<input type="checkbox"/> Industrial X-ray Inspections
<input type="checkbox"/> Shielding Design		

Availability for Consulting from Virginia Registrants:

I am available for consulting from Virginia registrants for a fee

I am not available for consultations outside of my work place.

I am no longer performing any inspections within Virginia. Please remove my name from the Private Inspectors Directory

Comments: _____

Signature

Date