

RADIOACTIVE MATERIALS

Online License Fee Payment Guide

DOH 320-122 January 2020

www.doh.wa.gov/Radiation

Radioactive Materials licensees may now pay annual license fees online with an electronic check account transfer, Visa or MasterCard.

Certain license information changes require review or license amendments. Information regarding changes to your license can be <u>found on our website</u> (<u>https://www.doh.wa.gov/CommunityandEnvironment/Radiation/RadioactiveMaterials/Licensing/regul</u> <u>atoryguide</u>).

We recommend submitting any license changes (radiation safety officer contact, address, etc.) to our office at least **two weeks** before making a payment online.

Send change requests to the Office of Radiation Protection, Radioactive Materials Section by email to <u>RadioactiveMaterials@doh.wa.gov</u>, or fax to 360-236-2255.

New User Login Instructions

Follow each step to ensure your successful online renewal. First-time users must start by creating an account.

If you have an existing SAW account, skip to step 7 for instructions to log in and sign up for online payment services.

Note: Contact Consolidated Technology Services (24 hours) at 888-241-7597 or email them at <u>servicedesk@cts.wa.gov</u> if you experience problems with the SAW website.

Online License Payments

Online payments are made through Secure Access Washington (SAW).

Step 1: Get started at https://secureaccess.wa.gov/ Step 2: Select SIGN UP!	to yo	WELCOME ur login for Washington state.
	SecureAccess	SIGN UPP GET HELP TIPS ON
	LOGIN USERNAME PASSWORD SUBMI Forgot your username? Forgot your password?	ON BEHALF OF WASHINGTON STATE AGENCIES

Step 3: Enter your personal information, create a password and select **I'm not a robot**. Choose the verification images, select **VERIFY**, then select **SUBMIT**.

Note: Be sure to create a password that meets the specific parameters required by SAW: must be at least 10 characters, must contain at least three uppercase letters, lowercase letters, numerals or special characters, and does not include your user ID or your full name.

IF STATE OF	SIGN UP! ×
1989 197	Not sure if you already have an account? CHECK NOW
FIRST NAME	
LAST NAME	
EMAIL	Select all images with a bus
USERNAME	
PASSWORD REQUIREM	ENTS
Add at least 10 more char Add a special character or case letter or an uppercase l number PASSWORD	acters a lower letter or a
CONFIRM PASSWOR	
I'm not a robot	reCAPTCHA Privacy-Terma

Step 4: Check your email account to activate your new SAW account.



CHECK YOUR EMAIL

An activation link has been sent to your email. You must click the link to activate your account before you can login.

Step 5: Select the link in the email message: To activate your account, please click.

FII 8/3/2018 8/55 AM SECUTEACCESS@CtS.Wa.GOV SecureAccess Washington : Welcome to SecureAccess Washington

You are almost finished,

Thank you for signing up with Secure Access Washington.

Your username is:

To activate your account, please click: <a href="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=64145&userId="https://secureacces

For questions or concerns about your SecureAccess Washington account, please visit https://secureaccess.wa.gov/public/saw/publ/help.do

Thank you, The Secure Access Washington Team

This is an automated message sent by SecureAccess Washington. Login at <u>https://secureaccess.wa.gov</u> If you require assistance, please leave us a note at <u>https://secureaccess.wa.gov/public/saw/pub/help.do</u>

Step 6: Select LOGIN.



Step 7: Enter the user ID and password you just created. Select SUBMIT.



Step 8: After logging in, select ADD A NEW SERVICE.

ACTINE AND	V	GOOD . Vhat can we l	MOR. nelp you a	NING! access today?
Becure Access Washington			ACCOUNT	GET HELP TIPS ON LOGO
ADD A NEW SERVICE				SHOWING YOUR SERVICES FI

Step 9: Select I would like to browse a list of services.



Step 10: Click on Department of Health to expand the list, select ENVIRONMENTAL HEALTH PAYMENT SYSTEM and click APPLY.

	What can we help you access today?
	ADD A NEW SERVICE
	Board of Accountancy
	Consolidated Technology Services
	Department of Archaeology and Historic Preservation
	Department of Commerce
	Department of Ecology
	Department of Financial Institutions
	Department of Health
	Department of Labor and Industries
	Department of Licensing
	Department of Natural Resources
	Department of Revenue
TUR STATE OF	GOOD MORNING! What can we help you access today?
HUR STATE OF HERE BERN	GOOD MORNING! What can we help you access today?
REPARTMENT OF THE STATE OF THE	GOOD MORNING! What can we help you access today?
REPARTING STATE OF	BOOD MORNING! What can we help you access today? HOME ACCOUNT TIPS ON GET HELP LOGOUT SERVICES FROM DOH
SECUREACCESS Washington	Image: State Department of the submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the manage their supervising agencies. Response to submit online renewal applications and the managencies. Response to submit online renewal applications and the man
SecureAccess Washington	Image: State Department

View and download newborn screening results for infants screened in Washington State.

Step 11: You will see the REGISTRATION COMPLETE page. Select OK.



Step 12: Select the link for Environmental Health Payment System.



Step 13: Click CONTINUE to be routed to the Department of Health Environmental Public Health Online Payment System page.



Step 14: Follow each step to ensure you complete your online renewal successfully. To get started, on the Radiation Protection tab, select Radioactive Materials Licensing on the drop-down list or under Quick Links on the left side.

Wedneyton State Department of Health		Environ	nmental Public Health Online Payment System
Division of Environmental Public Health Quick Links Drinking Water OpPermit Radioactive Materials Licensing	Home	Drinking Water	Radiation Protection Radioactive Materials Licensing About Radiation uick Links.
			Washington State Department of Health Environmental Public Health Online Payment System
			Technical issues with this Web site? Email Environmental Health Application Testing and Support or call 360-236-4593

Step 15: Enter your license number from the invoice you received in the mail. Select Search.

Note: The **License Category** letter and **License Number** are required fields. The **License Suffix** is an option field that is not included on all licenses. Your license category is based on the letter in your license (Ex: M001 – 'M' is Medical, 1001 – 'I' is Industrial, etc.) and your license number are the digits that follow <u>before</u> the hyphenation, if applicable. See highlighted area on the invoice example below.

Health		Environ	mental Public I	Health Online Pay	yment System	
on of Environmental Futilic Health	Home	Drinking Water	Rediation Protection			
dioactive Material	s Licens	ee Invoice Pa	yment			
Licenseliumber is required	(M)	_		(001)	10000	(-2)
VICENSE Category 4001 d GLR GLR Hind R-In Hind H-In M-M	ofege/University Civit Defense ineral Federal VDU Registrant ustral dustrial Radiogn boratory edical	nphy	Search	Cancel	Licensee Sumix:	

Heal	th reg	s is a bill for the annual radioac istration fee as authorized unde	tive materials license / er chapter 246-254 WAC.	
Invoice	e Mail Date: D	ecember 14, 2018	Due Date: Ja	nuary 31, 2019
		INV	OICE	
Licensee M City State	ailing Address Zip			
Licensee M City State Please revi corrections	ailing Address Zip ew all informat / changes.	; ion for accuracy, Line through	incorrect data and make any new	cessary
Licensee M City State Please revi corrections	ailing Address Zip ew all informat / changes, ce Number:	ion for accuracy, Line through	incorrect data and make any new	cessary
Licensee M City State Please revi corrections	ailing Address Zip ew all informat / changes, ce Number: ising Fee Cal	ion for accuracy. Line through 1032119 culation:	incorrect data and make any new	cessary
Licensee M City State Please revi corrections Invoi Licer	alling Address Zip ew all informat / changes, ce Number: nsing Fee Cale Primary Fer	ion for accuracy. Line through 1032119 culation: s Code 31 x 1 Location(s)	incorrect data and make any ner	cessary
Licensee M City State Please revi corrections Invei Licer	alling Address Zip ew all informat / changes. ce Number: nsing Fee Cal Primary Fer Total Licer	ion for accuracy. Line through [032119] culation:] e Code 31 x 1 Location(s) ise / Registration Fee:]	incorrect data and make any ner \$1,511.00 \$1,511.00	cessary

Step 16: Your License Number, Licensee Name, and invoice information should now appear. Please verify that the information matches the information on your invoice. **Click Continue.**

vision of Environmenta	Public Health Home	Drinking Water	r Radia	ion Protection				
adioactive	Materials Lice	ensee Invoice	Paymen	t.				
* License C x:M001-2	Category: RECIP-Recipro	city		* License Numbe	Cancel		Licensee Suffix:	
elect Invoice(s) to mak	e a payment.							
License Number	Licensee Name	Annual Licensing	2018	01/31/2019	\$ 2583.00	5 2583.00	Scan Code	

Step 17: Your License Number, Licensee Name, and invoice information should appear again. Please verify that the information matches the information on your invoice. **Enter the amount you wish to pay in the Current Payment field. Click Pay Now.**

ion of Enviro	nmental Public Health Hor	ne Drinking Water	Radiation Protection			
Entity	ID: RECIP-092	Entity Na	ame: NEUTRON PRODUCTS			
The Rollinson of	nities are selected for navment	Click 'Pay Now' to proceed to	payment portal			
r ne tollowing er	nates are selected for payment					
intity ID	Entity Name	Invoice Year	Invoice DueDate	Invoice Total Amount	Balance Due	Current Payment
Entity ID	Entity Name	Invoice Year 2018	Invoice DueDate 01/31/2019	Invoice Total Amount \$ 2583.00	Balance Due \$ 2583.00	Current Payment s 2583.00
Entity ID	Entity Name	Invoice Year 2018	Invoice DueDate 01/31/2019 Invoice(s) Amour	Invoice Total Amount 5 2583 00 nt Due: \$ 2583.00	Balance Due \$ 2583.00	Current Payment s 2583.00

Step 18: Choose a method of payment, then select Next. You may pay by electronic check (ACH) or pay by credit card (VISA or MasterCard). There is a 2-percent convenience fee, if you choose to pay with a credit card.

Note: If you choose electronic check, you must also choose either **Personal** or **Business** on **Account Type**. For business checks, you will need to provide the business tax ID number for verification.



Step 19: Complete the required information and **select Next**. The billing address must be what your financial institution has on file for verification purposes or the renewal attempt will be unsuccessful.

Example of	Payment Information			* Indicates required field
Pay by Check:		Billing Address		
r ay by check.		Use Business Name		
		*First Name:		
		M.I.:		
		*Street Line 1		
		Street Line 1:		
		*City:		1
		*State: Select	State	~
		*Zip:		
		*Country: UNITED	D STATES	~
		Phone:		
		E-Mail:		
		Payment Details		
		*Payment Amount: 70.00 L Convenience Fee: 2.50 US	USD SD	
		Payment Method		
		*Name on Card: *Card Number:		
		* *Expiration Date:	* Month V * Year V	
		*Card Verification Value(CVV2):	What's This?	
		* Enter the above code	SCUDV	-
			Can't read? Try a different code.	Bac Next Exit

	Payment Information	* Indicates required field
Example of		Billing Address
Pay by Card:		Use Business Name *First Name:
		M.I.:
		*Last Name:
		Street Line 2:
		*City:
		*State: Select State
		*Zip:
		*Country: UNITED STATES
		Phone:
		E-Mail:
		Payment Details
		*Payment Amount: 70.00 USD Convenience Fee: 2.50 USD
		Your account will be debited in 1 to 3 days from the date identified. If your payment date fails on a non- banking day your payment will be executed on the next available banking day. Current date payments received after 6:00 PH E rivil be executed on the next valid banking day.
		Payment Method
		*Name On Account:
		*Account Number: What's This?
		*Re-Type Account Number:
		*Routing Number: <u>What's This?</u>
		*Account Type: Checking Savings
		*Driver License Number:
		*Driver License State: Select State

Step 20: Review your payment information. Select Pay Now.

Payment Review		
ayment Kerren	Address	
	Billing Address:	
	Billing information/verification address appears here.	
	Payment Method	
	Payment type and account information appears here.	
	Payment Amount	
	Amount: 70.00 USD	
	Convenience Fee: 2.50 USD	
	Total: 72.50 USD	
	Bac Pay Now Exit	

Step 21: You will receive a message that reads Approved! You may want to print a receipt for your records by selecting Print Receipt.

Step 22: At the top of the screen, select Logout. Then select OK to end your session.