



RADIOACTIVE MATERIAL RECIPROCITY REQUEST

North Dakota Department of Health
Radiation Control Program
SFN 58230 6/11

Submit form to: North Dakota Department of Health, Air Quality Division, 2nd Floor, 918 East Divide Ave., Bismarck, ND 58501-1947. Phone: 701-328-5188 Fax: 701-328-5185

Company Name:		
Contact Person:		
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	Email Address:

SUBMIT THE FOLLOWING:

- Written notification to the North Dakota Department of Health three working days prior to entering, this notification shall include:

Location of Work	
Duration of Work	
Local Contact	
Device and Model Number	
Quantity and Isotope Used	
Names of Individual Users	
Type of Possession and Use within the State	

- Operating and emergency procedures manual:
 - Current copy attached
 - Previously submitted copy is still valid
- NRC or Agreement State License:
 - Current copy attached
 - Previously submitted copy is still valid
- Provide License number:
- The training certificates or proof of training of individual users, if not listed on the license (i.e., Radiographer ID cards, course certificates, etc.)
- A proper reciprocity fee (check or money order payable to the North Dakota Department of Health).
- Obtain a "Certificate of Authority" from the North Dakota Secretary of State to operate in North Dakota. Call (800) 352-0867 ext. 4284 for more information.

Additional Comments & Information:

Signature

Date