

RADIOACTIVE MATERIAL RECIPROCITY REQUEST

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY RADIATION CONTROL PROGRAM SFN 58230 (9-2021)

Submit form to: North Dakota Department of Environmental Quality, Radiation Control Program, 4201 Normandy Street, 2nd Floor, Bismarck, ND 58503-1324. Phone: 701-328-5166 Fax: 701-328-5200 E-mail: ram@nd.gov

| Company Name: | | | |
|--|-----------------|------------------|---|
| Contact Person: | | | |
| Address: | | | |
| City: | State: | | ZIP Code: |
| Telephone Number: | Fax: | | Email Address: |
| SUBMIT THE FOLLOWING: | | | |
| Written notification to the North D entering, this notification shall inc | | t of Environmer | ntal Quality three working days prior to |
| 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 | : | | opy attached y submitted copy is still valid |
| cards, course certificates, etc.)A proper reciprocity fee (check or Quality). | money order pay | able to the Nort | ot listed on the license (i.e., Radiographer ID th Dakota Department of Environmental of State to operate in North Dakota. Call |
| Additional Comments & Information: | | | |
| Signature | | Date | |
| | | | |