



**RECIPROCITY – RADIATION MACHINES**  
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
 RADIATION CONTROL PROGRAM  
 SFN 7590 (01-2023)

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**APPLICATION FOR RADIATION MACHINE RECIPROCITY**

Company Name			
Street Address	City	State	ZIP Code
Name of Person in Charge		Title	
Name of Radiation Safety Officer		Phone Number	
Type of Use	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Industrial <input type="checkbox"/> Other (Specify):

North Dakota Radiological Health Rule (NDRHR) 33.1-10-02-11, "Out of state radiation machines."

Whenever any radiation machine is to be brought into the state, for any temporary use, the person proposing to bring such machine into the state shall give written notice to the Department at least three days before such machine is to be used in the state. The notice shall include the type of radiation machine; the nature, duration, and scope of use, the location where the radiation machine is to be used, the names and addresses where the machine users can be reached while in the state; and submit the specified annual fee of \$530.00 per machine (NDRHR 33.1-10-11 Appendix B).

MANUFACTURER	RATED		CONSOLE MODEL NUMBER	SERIAL NUMBER	NUMBER OF TUBES	ROOM NO. LOCATION	TYPE OF USE
	kvp	mA					

*To the best of my knowledge, the above information is true and correct.*

Name	Title
Signature	Date

Sign and date form and mail to:

ND Department of Environmental Quality  
 Radiation Control Program  
 4201 Normandy Street, 2<sup>nd</sup> Floor  
 Bismarck, ND 58503-1324

Department Use Only	
Number	_____
Manager	
By	