



STATE OF NEW YORK – DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH
RADIOLOGICAL HEALTH UNIT
 Mail Stop #7F
 P.O. Box 683
 New York, NY 10014-0683
 Phone (212) 352-6120
 Fax: (212) 627-9081

FOR OFFICAL USE ONLY	
Registration No.	
Date Issued:	
Request Approved:	Y N
Initials:	

NOTICE OF PROPOSED USE OF RADIOACTIVE MATERIAL UNDER RECIPROCITY

1. NAME OF LICENSEE REQUESTING RECIPROCITY		2. FEIN NO.	
4. LICENSEE MAILING ADDRESS		3. <input type="checkbox"/> INITIAL REQUEST	
		<input type="checkbox"/> SUBSEQUENT REQUEST	
4. LICENSEE MAILING ADDRESS		5. CONTACT PERSON FOR LICENSEE	
		6. TELEPHONE NO.	7. FACIMILE NO.

8. ACTIVITIES TO BE CONDUCTED IN NEW YORK STATE				
	WELL LOGGING		MOISTURE/ DENSITY GAUGES	TELETHERAPY/IRRADIATOR SERVICE
	OTHER PORTABLE GAUGES		LEAK TESTING AND/OR CALIBRATIONS	OTHER (specify)
	RADIOGRAPHY		REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NO.s)	

9. CLIENT NAME, MAILING ADDRESS		10. ADDRESS OF WORK LOCATION (BE AS SPECIFIC AS POSSIBLE)		
11. CLIENT TELEPHONE NO.		12. CONTACT PERSON ON SITE		13. SITE TELEPHONE NO.
14. DATES SCHEDULED: FROM		TO	15. NUMBER OF WORK DAYS	16. TOTAL NUMBER OF DAYSE USED TO DATE IN NEW YORK STATE (THE MAXIMUM IS 30 CALENDAR DAYS IN ONE YEAR)

17. LIST THE RADIOACTIVE MATERIAL WHICH YOU WILL BRING, USE, INSTALL OR TEST IN NEW YORK STATE:			

18. LIST THE SPECIFIC LICENSE YOU CURRENTLY HOLD WHICH AUTHORIZES YOU TO PERFORM SUCH ACTIVITIES AS PROPOSED TO BE PERDORMED IN NEW YORK STATE		
a. LICENSE NUMBER	b. LICENSING AUTHORITY/STATE	c. EXPIRATION DATE

19. I hereby certify that the information contained on this form is true and correct to the best of my knowledge and belief and that any changes to this information will be reported immediately.	
_____	_____
Name (Print or Type)	Title
_____	_____
Signature	Date

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NOTICE TO RECIPROCITY APPLICANTS

Pursuant to Industrial Code Rule 38 (12 NYCRR Part 38), Section 38.15, the New York State Department of Labor will grant reciprocity to licensees of other Agreement States or the United States Nuclear Regulatory Commission authorizing the use of radioactive materials in New York State for a period of **30 days** in a calendar year. While working under reciprocity in New York State, a licensee shall comply with all relevant provisions of 12 NYCRR Part 38 and shall insure that all radioactive sources brought into this state remain under the constant supervision of the licensee's authorized personnel and are secured against unauthorized removal from transport vehicles or temporary storage facilities.

Licensees wishing to use radioactive materials in this state for longer than 30 days must apply for a Department of Labor radioactive materials license. Once a complete application has been submitted, along with the required licensing fee, the 30-day time limit will be waived pending completion of the application review process.

Companies that exceed the 30-day limit without submitting such an application may not be considered eligible for reciprocity in the future, and their licensing agency will be so notified.

Initial requests for reciprocity must be accompanied by a copy of the license (with all current amendments) under which work is to be performed. Also, unless specifically named on the license, **any staff that will be using sources in 'York State must carry evidence of training and/or authorization to use radiation sources under the license.**

A Notice of Intent should be filed at least **seven days** prior to each entry into the state. In lieu of this filing requirement, oral notification or notification less than seven days in advance may be accepted in emergency situations at the discretion of the Department. **In no event shall a licensee enter the state to perform activities with radioactive materials without prior notice to the Department.** Also, the Department should be notified immediately of any subsequent changes (including cancellation) to a Notice of Intent filed with this office.

Requests for reciprocity and Notices of Intent should be directed to our New York City office at:

**NYS Department of Labor
Division of Safety & Health
Radiological Health Unit
Mail Stop #7F
P0 Box 683
New York, NY 10014-0683
Office (212) 352-6120
Fax (212) 627-9081**

Remember that you must call to confirm receipt of mailed or faxed requests, and confirm that they have been approved.