



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
RADIOLOGICAL HEALTH SECTION**

29 Hazen Drive
Health & Welfare Building
Concord, New Hampshire 03301
Phone No. (603) 271-4588
Fax No. (603) 225-2325

RADIOACTIVE MATERIAL RECIPROCITY APPLICATION

This application must be received by the Agency at least 3 working days prior to engaging in an activity involving the use of radioactive material unless a waiver has been granted.

This is a **New Application** **Revision**

RECIPROCITY LICENSEE INFORMATION		WORK ACTIVITY LOCATION AND SCHEDULE		
Licensee Name:		Contact Person:	Phone No.	
Mailing Address:		Client Name:		
Radioactive Materials License No:		Work Location Address:	City/Town:	
Issuing Agency:		<i>Provide detailed description if remote location.</i>		
Contact Person:		Start Date:	Start Time:	
Phone No:	Fax No:	End Date:	End Time:	
TYPE OF WORK TO BE PERFORMED		EQUIPMENT		
<input type="checkbox"/> Portable Gauges <input type="checkbox"/> Industrial Radiography <input type="checkbox"/> Lead Paint Analysis <input type="checkbox"/> Medical <input type="checkbox"/> Leak Testing/Calibrations <input type="checkbox"/> Source Exchange <input type="checkbox"/> Other (describe) Overnight Storage Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Make	Model	Serial No.
PERSONNEL – Name of Person(s) Conducting Licensed Activities		SOURCES		
1.	<i>Attach a separate page for additional personnel.</i>	Source Serial No.	Isotope	Activity (Curies)
2.				
3.				
4.				
5.				
Additional Comments:				
<p><i>I hereby certify that all information provided in this application is true and complete, I have read and understand the provisions under He-P 4030.18, and I understand that activities, including storage, conducted in New Hampshire under this general license are limited to 180 days during any calendar year.</i></p>				
SIGNATURE:		DATE:		
NAME:		TITLE:		