



**STATE OF NEW HAMPSHIRE**  
**Department of Health and Human Services**  
**Division of Public Health Services**  
**Radiological Health Section**

**Application for Reciprocal Recognition of Out-of-State Machines**  
*(Machines that do not use radioactive material)*

<p>1. Applicant's name, address, telephone number, and email address:</p>	<p>2. Applicant's state of registration or licensure and registration or license number (enclose copy of registration or license, if applicable):</p>
<p>3. Address(es) or location(s) of proposed activities:</p>	<p>4. Proposed date(s) and time(s) of use:</p>
<p>5. Description of proposed activities:</p>	<p>6. Make, model, serial #, and type of radiation machine(s) designed to be used for proposed activities:</p>
<p>7. Name(s) of equipment operator(s) for proposed activities:</p>	<p>8. Contact person(s) and telephone number(s) for in-state operations:</p>
<p>9. Name and title of management representative and date of application:</p>	<p>10. Signature of management representative:</p>

## Information and Instructions

Persons proposing to bring a radiation machine (e.g., an x-ray machine) or MRI machine into New Hampshire from out of state on a temporary basis are required to provide the Department of Health and Human Services Radiological Health Section (DHHS/RHS) with specific information in accordance with the provisions of Section He-P 4040.11 of the New Hampshire Rules for the Control of Radiation (the Rules), part of the state's Code of Administrative Rules. We call this an application for "reciprocity."

In addition to providing the information the section of the Rules requires, there is also a provision in He-P 4070, Fees, for the payment of a fee. The fee is due the first time in each calendar year you apply for reciprocity. The amount due equals one half of the fee for the category of machines (with a single source) you propose to bring into the state. It is due with the first application of the calendar year. Should you propose to bring a machine requiring a higher fee into the state during the same year, you will owe one half of the difference between the annual fees for the two machine categories. The fee schedule is located on the last page.

You should apply for reciprocity three business days in advance of the date you want to begin operations in the state. On written application from you, we may agree to waive the application period if such a waiver would be to protect an individual's or the public's health and safety.

The instructions below are keyed to the blocks on the form but apply to a letter as well. If you need to, attach supplementary information to the form.

- Block 1. Provide your organization's name, mailing & e-mail addresses, and telephone number. Also include physical address if different from organization's address.
- Block 2. Provide the state of registration or licensure for your machine(s) and the registration or license number(s) [if applicable].
- Block 3. Provide the complete physical address(es) and any other necessary information (contact person's name and telephone number(s) for the location(s) at which the machine(s) will be used. Post office box and rural route numbers are not acceptable. Please provide a map with written directions.
- Block 4. Provide the date(s) and time(s) of day during which the machine(s) will be in use.
- Block 5. Describe the proposed activities. Provide sufficient information (Operating and emergency procedures) to allow someone not familiar with your operations to understand and evaluate the safety implications of the activity what you propose to do. Add any additional information reasonably necessary to assure an accurate and timely review of your application.
- Block 6. Provide the make, model, serial # and type of machine(s) design to be used.
- Block 7. Provide the name(s) of equipment operator(s) and copy of their qualification/training records.
- Block 8. Provide telephone number(s) (if available) at which we can reach the individual(s) named below in Block 5 during the reciprocity period.
- Block 9. Provide the name and title of the management representative making application for reciprocity. Also provide the date of the application.

Block 10. Have the management representative sign the form.

If you propose to conduct a program of **healing arts screening** in New Hampshire, the Rules require that you receive prior approval from DHHS/RHS. When requesting such approval, you must provide additional information. The information required is found in He-P 4045.04 of the Rules. A copy of the points to be covered is available on request.

The New Hampshire Rules for the Control of Radiation will govern your operations while in the state. The Rules require, among other things, that:

- Form RHS-5, "Notice to Employees", be posted (or if posting is impossible, that your workers be provided with them);
- Parts He-P 4019 through He-P 4022 of the Rules be posted or otherwise available to your workers on site;
- Your workers be instructed in their rights and responsibilities under the Rules;
- Your workers be provided with written instructions for carrying out their radiation-related duties, that they understand them, and that they are competent to carry them out.

Be aware that your equipment and operations will be subject to unannounced inspection by DHHS/RHS pursuant to He-P 4040.11(I).

For New Hampshire Rules for the Control of Radiation (NHRCR), please visit the DHHS/RHS website at: <http://www.dhhs.nh.gov/dphs/radiological/rules.htm> (Ctrl+Click to follow link)

Please complete and submit an original signed and dated reciprocity application to:

**Department of Health and Human Services  
Radiological Health Section  
29 Hazen Drive  
Concord, New Hampshire 03301-6503**

**CHECKS MUST BE MADE PAYABLE TO THE: TREASURER – STATE OF NEW HAMPSHIRE**

You are not authorized to possess or use an out-of-state radiation machine in New Hampshire if you have not notified DHHS/RHS. If you have applied for reciprocal recognition, do not proceed without prior authorization.

On behalf of the NH Division of Public Health Services and the Radiological Health Section, we appreciate your cooperation in this matter. If you have any further questions or concerns regarding the machine reciprocity registration process, please contact our main office at (603) 271-4588. DHHS/RHS facsimile number is (603) 225-2325. Thank you.

Table 4070.2 Annual Fees for Radiation or MRI Machine Registration

Type of Radiation or MRI Machine	Annual fee Number of Sources Controlled by Machine		
	1	2	3 or more
A. X-ray machines for diagnostic or visualization purposes in the healing arts or veterinary medicine			
1. Radiographic x-ray machines for dental purposes, including, but not limited to, dental intraoral, dental cephalometric, and dental panoramic x-ray machines, and machines combining those functions.....	\$145	\$254	\$362
2. Radiographic x-ray machines for podiatric purposes .....	\$145		
3. Radiographic x-ray machines for healing arts or veterinary medicine purposes designed to be portable as defined in He-P 4041.02.....	\$145		
4. Radiation machines for the generation of information in the healing arts or veterinary medicine, including bone mineral densitometers and medical x-ray cabinets.....	\$145		
5. Non-portable diagnostic x-ray machines for healing arts or veterinary medicine purposes, including general purpose radiographic machines, mobile x-ray machines, mini c-arm units, micro-computed tomography units, dedicated chest units, conventional tomography machines, cone-beam computed tomography machines, veterinary, chiropractic, and standard mammography machines.....	\$275	\$482	
6. X-ray machines with fluoroscopic capability without regard to whether they also have radiographic capabilities, including radiographic-fluoroscopic combination machines, C-arm units, angiographic machines, and therapy simulators.....	\$400	\$600	\$800
7. Computed tomography (CT), stereotactic mammography machines and 3D mammographic machines .....	\$400	\$600	\$800
B. Machines for therapeutic use in the healing arts or veterinary medicine			
1. X-ray machines capable of being used at potentials of 500,000 volts or less	\$500		
2. X-ray machines capable of being used at potentials greater than 500,000 volts .....	\$2000		
3. Particle accelerators capable of being used at energies of 500,000 electron volts or less .....	\$1000		
4. Particle accelerators capable of being used at energies greater than 500,000 electron volts .....	\$2000		
5. Electronic Brachytherapy .....	\$1000		
C. Machines not used for diagnostic or therapeutic purposes on humans or animals			
1. Particle accelerators			
a. Ion implanters.....	\$850		
b. Irradiators .....	\$850		
c. For the production of radioactive material .....	\$2500		
d. Other accelerators, including research accelerators .....	\$2000		
2. Industrial Machines			
a. Cabinet x-ray system as defined in He-P 4034.03.....	\$320	\$560	
b. Industrial radiographic units.....	\$800		
3. Analytical x-ray machines as defined in He-P 4043.03			
a. X-ray fluorescence machines .....	\$350		
b. X-ray diffraction machines.....	\$350		

Type of Radiation or MRI Machine	Annual fee Number of Sources Controlled by Machine		
	1	2	3 or more
4. X-ray gauges (thickness/level) .....	\$400		
5. Items of electronic equipment that produce radiation incidental to their operation for other purposes (SEM or TEM) and which are not exempt from registration under the provisions of He-P 4040.06(a).....	\$125		
D. Non-ionizing radiation equipment Magnetic resonance imaging machines .....	\$500		
E. Other circumstances			
1. Radiation or MRI machines not otherwise specified above used for the following purpose:			
a. Diagnostic.....	\$400		
b. Therapeutic.....	\$600		
c. Industrial .....	\$400		
F. Exempt from Fee Proration			
1. Radiation or MRI machines registered as in storage under the provisions of He-P 4040.11 .....	\$100		
2. Radiation or MRI machines used solely for educational demonstration (non-human use) purposes.....	\$100		
4. Reciprocal recognition of out-of-state radiation or MRI machine registration .....	Half annual fee of applicable machine type		