



RADIOACTIVE MATERIAL RECIPROCITY REQUEST

Arizona Department of Health Services

Phone: 602-255-4845

Email: RAM@azdhs.gov

Submit form to: Bureau of Radiation Control, Radioactive Materials Program
4814 South 40th Street Phoenix, AZ 85040

| | | |
|-----------------|--------|----------------|
| Company Name: | | |
| Contact Person: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Telephone: | Fax: | Email Address: |

SUBMIT THE FOLLOWING:

- Written notification to the Bureau of Radiation Control three working days prior to entering, this notification shall include **(for Industrial Radiography, see R9-7-525 for additional requirements):**

| | |
|--|--|
| Location of Work | |
| Duration of Work (Start and end dates) | |
| 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
- NRC or Agreement State License: Current copy attached
- Provide License number: _____
- The training certificates or proof of training of individual users, if not listed on the license (i.e., Radiographer ID cards, course certificates, etc.) Attached(if applicable)
- A proper reciprocity fee([view fee schedule](#)) **check or money order only**, payable to the Arizona Department of Health Services. Attached
- Description of the method to securely store radioactive material in Arizona.

- If storing radioactive material in a vehicle at a hotel, specify the name, address and phone number.

- Obtain a reciprocity approval letter from the Bureau of Radiation Control to operate in Arizona. Call 602-255-4840 for more information.

Signature

Date