NOTIFICATION OF RECIPROCITY

State Form ##### (08-24)
INDIANA DEPARTMENT OF HOMELAND SECURTY

INDIANA DEPARTMENT OF HOMELAND SECURITY
RADIOACTIVE MATERIALS CONTROL PROGRAM
302 West Washington Street, Room E208
Indianapolis, IN 46204
Telephone: (317) 232-2222
E-mail: RMCP@dhs.IN.gov
Website: www.in.gov/dhs

1. LICENSEE INFORMATION

Name of Licensee (Person or firm proposing to conduct the activities described below)	Type of Report ☐ Initial ☐ Change
Address *(number and street, city, state, and ZIP code)*	
Licensee Contact and Title	Business Telephone or Cellphone Number / Business Email

2. JOB INFORMATION

Proposed Activities to be Conducted

☐ Well Logging ☐ Leak Testing and/or Calibrations ☐ Type of Service _____

☐ Portable Gauge ☐ Other (Specify) _____

☐ Radiography Registered as user of packaging (Certificates of Compliance Numbers)

Client Name and Address	Point of Contact Name and Title

2a. WORK SITE INFORMATION

Physical Address of work location (Street Number or other location, GPS Coordinates if known)

Client Business Telephone Number(s)		Work Location Telephone Number(s)	
Business Office	Business Cell	Work site Office	Work site Cell

Dates Scheduled			Number of Workdays	Add	Delete	Location Reference Number (Assigned by Agency)
From	To	Weekends ☐ Yes ☐ No				

List Additional work sites on separate sheet(s) to include all information in section 2a.

List Radioactive Material, which will be possessed, used, installed, serviced, or tested. (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)

Model Number	Device Type / Sealed Sources

Agreement State or NRC License Number	State Where Licensed	Expiration Date

3. CERTIFICATION

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

a. All the information in this report is true and complete
b. I have read and understand the provision of the general license 290 IAC 3-x-x (10 CFR 150.20) and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use for which this report is filed with the Department.
c. I understand that activities, including storage, under 290 IAC 3-x-x (10 CFR 150.20) are limited to a total of 180 days in a calendar year.
d. I understand that I may be inspected by the Department at the above listed work site locations and at the Licensee home office address for activities performed under reciprocity.
e. I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without Department authorization, may subject me to enforcement action, including civil or criminal penalties.

Approved by RSO or Management Representative (Printed Name and Title)	Signature	Date	Total Usage – Days to Date

FOR DEPARTMENT USE ONLY	Approved by (Printed Name and Title)	Signature	Date	Total Usage – Days to Date

Instructions: *For licensees seeking to conduct activities under reciprocity for the first time in a calendar year, submit this Form, one copy of the Agreement State specific license and the fee specified in 290 IAC 3-x-x (10 CFR 170.31.) The Department must receive this filing at least 3 days before the licensee engages in activities permitted under the General License established by 290 IAC 3-x-x (Section 150.20 of 10 CFR 150.)*

In general, the preferred method of filing is through email of State Form ##### "Notification of Reciprocity" *, a copy of the Agreement State or NRC license, and evidence that the appropriate fee requirements will be met within 3 days.*

In completing State Form ##### "Notification of Reciprocity"*, it is important that the information submitted be specific regarding the location and date of use as well as the activity requested. If it is not possible to provide complete information, such as addresses for the locations of work, the licensee should contact the Department to discuss proposed work activities. The licensee is responsible for providing additional information as revisions or clarifications as soon as such information becomes available.*

Upon completion submit this form by mail or email to:

Submit by mail to:
Indiana Department of Homeland Security
Radioactive Materials Control Program
302 W. Washington Street, Room E208
Indianapolis, IN 46204

OR by email to:
ATTN: Notification of Reciprocity
RMCP@dhs.in.gov