

REQUEST TO WORK IN ALABAMA UNDER RECIPROCITY

PRIOR TO RECEIVING RECIPROCITY:

1. A **current** copy of your Radioactive Material License and/or X-Ray Machine Registration, including all Amendments thereto **must** be on file with this Agency.
2. This form must be received by the Agency (via mail, telefax, or e-mail) **at least three (3) working days** prior to using radioactive material (RAM) or x-ray producing devices in Alabama. However, telephone, fax, and e-mail notification is permitted if entry into the state can not be anticipated. Any verbal or written notification must include all of the information requested below. *Failure to notify this Agency at least three working days prior to entering the state or to truthfully complete the notice may result in a **NOTICE OF VIOLATION** and repeated violations may result in revocation of reciprocity to work in Alabama.*

NOTIFICATION INFORMATION: (Please make blank copies of this form for future use.)

Company Name: _____ RAM License No. _____

Mail Address: _____ Issuing Agency: _____

_____ X-Ray Registration No. _____

Office Telephone: _____ E-Mail Address: _____ Issuing Agency: _____

Have you filed copies of your License/Registration with this Agency? Yes No

RAM and/or X-Ray user name(s) _____

Alabama Hotel/Motel name and phone: _____

For Industrial Radiography, do all radiographers possess a certification card? Yes No

Date You were notified of the job: _____ Type of Activity: _____

Duration of Work: From _____ (date) to _____ (date). Total work days: _____

Customer Name: _____ City: _____

Person in charge of the Alabama site: _____ Phone: _____

Location of and directions to work site (Include road/street names, hwy nos.): _____

Expected hours of operation _____

RADIOACTIVE MATERIAL and/or X-RAY DEVICE INFORMATION:

Isotope: _____ Activity: _____ X-Ray manufacturer: _____

Sealed source model number: _____ X-Ray model number: _____

Source holder/"camera" manufacturer _____

Model number: _____ Serial number: _____

Date when leak test due: _____

MAIL, FAX OR E-MAIL TO:
Alabama Department of Public Health
Office of Radiation Control
208 Legends Court, Office 144
Prattville, Alabama 36066
Phone Number: (334) 290-6244
Fax Number: (334) 285-9342
Preferred Fax Number: (334) 206-0326
E-Mail: Reciprocity@adph.state.al.us

I hereby certify that all information on this notice is true and complete.

Signed: _____ Dated: _____

Printed name: _____

Title: _____