

# 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 or telefax) **at least three working days** prior to using radioactive material (RAM) or x-ray producing devices in Alabama. However, telephone and fax 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: \_\_\_\_\_ 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 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: \_\_\_\_\_

Sealed source serial number: \_\_\_\_\_ X-Ray serial number: \_\_\_\_\_

Source holder/"camera" manufacturer \_\_\_\_\_

Model number: \_\_\_\_\_ Serial number: \_\_\_\_\_

Date when leak test due: \_\_\_\_\_

### MAIL OR TELEFAX TO:

Alabama Department of Public Health  
The RSA Tower  
Office of Radiation Control, Suite 700  
201 Monroe Street  
P. O. Box 303017  
Montgomery, Alabama 36130-3017  
Phone Number: 334/206-5391  
Fax Number: 334/206-5387

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

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_