

# **RECIPROCAL RECOGNITION of Radiation Machine Registration Instructions**

20.3.2.211 NMAC (the New Mexico Radiation Protection Rule) provides the criteria for regulating reciprocal recognition of an out-of-state radiation machine registration. Reciprocal recognition allows the applicant to use devices registered in another state for up to 180-days in a calendar year. This requirement applies to locations in New Mexico that are not under exclusive federal jurisdiction.

**Out-of-state radiation machine registrants are required to notify the Bureau in writing at least two (2) working days prior to entering the State and prior to each new location and unscheduled use of radiation machines. For reciprocity requests which require License and Registration notification (e.g. PET/CT), notification in writing shall be made 3 days prior, and will require submission of both license and registration documents in order to process. If the state from which the radiation machine is proposed to be brought does not issue certificates of registration or equivalent documents, a certificate of registration shall be obtained from the Department in accordance with the requirements of 20.3 NMAC.**

**To request reciprocity, please complete the following form:**

**Reciprocal Recognition (X-ray) Request [2-Day Notification]**

A Letter of Recognition will be sent to you with approval of your request. You are required to comply with the specific conditions listed in the letter, which include carrying the following documents when operating in the State:

- **Reciprocal Recognition Letter from the Department;**
- **Applicable sections of or access to the New Mexico Radiation Protection Regulations (20.3 NMAC);**

- **Out-of-State Radiation Machine Registration;**
- **Current NM professional Certificate to operate radiation machines;**
- **Personnel Dosimetry report.**

**INSTRUCTION ON FORM COMPLETION:** The following instructions may be used to complete the reciprocal recognition request forms. Once completed, you may MAIL OR FAX your information to the following:

Reciprocal Recognition  
Radiation Control Bureau  
Environment Department  
P.O. Box 5469  
Santa Fe, NM 87502-5469  
Phone: (505) 476-3236  
Fax: (505) 476-3232

**SCHEDULED DATES OF WORK:**

Reciprocity activities, including storage (usage), are limited to a total of 180 days in any calendar year. Time is tracked based on approved usage days.

List the Start date and End Date for the particular work location.

It is important that the registrants track the days of use. This form may be used for revisions to a previous notification where dates and times of work have been canceled or re-scheduled. Please use the Add or Delete boxes when changes are applicable.

**APPLICANT INFORMATION:**

Applicants must provide an out-of-state Registration AND the name of the Issuing Agency. The contact person must be KNOWLEDGEABLE of the activities at the work location. This individual is normally the Radiation Safety Officer.

**PREVIOUS NOTIFICATION:**

If the form is used to indicate changes to a previous notification, please complete the entire form, or you may attach a copy of the current form with changes indicated on the updated notification. In order for the agency to authorize relief from the 2-day notification requirement, the applicant MUST provide a reason that the notification is being made less than 2 days before the scheduled work. Failure to give a reason may result in denial of the authorization.

**RADIATION MACHINE TYPE:**

The "drop-down" menu may be used to locate your radiation machine types or you may use the space to write your entry. If you need additional entry space, please provide a list and attach it to this form.

**TYPE OF WORK TO BE PERFORMED:**

Please check the applicable box(es) for the type of work to be performed. If "other", please enter your answer in the space provided. Note: "Medical" means "...the intentional exposure to individuals for medical purposes." List the Make, Model and

**Serial number for all radiological equipment to be used. List each individual authorized to use the machine and their New Mexico Technologist Certification number.**

**CURRENT REGISTRATION TYPE:**

**Use the drop-down menus to list your Current Registration Type. If you need additional entry space, please provide a list and attach it to this form. Only one registration may be recognized per request.**

**WORK LOCATION INFORMATION:**

**Describe the Customer, Schedule of activities, and the NM Work Location IN DETAIL if the exact physical address of work is not applicable. An example is: "2 miles north of intersection of Hwy XXX and Hwy YYY on State Road 9999, near Anytown, NM, 29999-9999.**

**CUSTOMER CONTACT:**

**The contact person for this section must be an individual employed by the CUSTOMER FOR WHOM THE WORK IS BEING CONDUCTED. Please verify the cellular phone or pager number prior to filing this report. This person must be knowledgeable of the location and nature of the work being performed.**