Print Form

*SUSANA MARTINEZ*
Governor

*JOHN SANCHEZ*
Lieutenant Governor

***State of New Mexico***
***ENVIRONMENT DEPARTMENT***
**Environmental Protection Division**
***Montoya Building***
***Radiation Control Bureau***
***Post Office Box 5469***
***1100 St. Francis Drive***
***Santa Fe, New Mexico 87502-5469***
***Telephone (505) 476-8600***
***Fax (505) 476-8654***

*RYAN FLYNN*
Cabinet Secretary
*BUTCH TONGATE*
Deputy Secretary

**RECIPROCAL RECOGNITION**

Dear Applicant:

Section 20.3.3.324 and 20.3.2.211 NMAC of the New Mexico Radiation Protection Regulations (20.3 NMAC) provides the criteria for regulating reciprocal recognition of radioactive material licenses. Reciprocity is granted for a calendar-year. Reciprocal recognition allows the licensee to work on sites within in the State of New Mexico that are not under exclusive federal jurisdiction, for up to 180-days in a calendar year.

Reciprocal radioactive material licensees are required to notify the Bureau in writing three (3) days prior to entering the State and prior to each use of radioactive material.

To request the Department for reciprocity, please select from the following two forms:

1) Reciprocal Recognition Request Location Report [3-Day Notification] (please note, the $1,200 fee); or

2) Radiation-Producing Machines Reciprocal Recognition Request Location Report [2-Day Notification] (no fee required).

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 the following document carrying requirements:

When operating in the State, you must carry copies of the following documents:

Reciprocal Recognition Letter from the Department;

Applicable sections of the New Mexico Radiation Protection Regulations (20.3 NMAC);

Out-of-State License;

Inventory of sources, leak test records, instrument calibration records;

Personnel training records;

Operating Procedures; and

All applicable U.S. Department of Transportation documentation.

**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:

ATTN: Reciprocal Recognition
State of New Mexico
Environment Department
Environmental Protection Division
Montoya Building
Radiation Control Bureau
P.O. Box 5469
Santa Fe, NM 87502-5469
FAX: (505) 476-8654

# INSTRUCTION ON FORM COMPELTION

**SCHEDULES 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 licensees track the days of use. This form may be used for revisions to a previous notification where dates of work have been re-schedule. Please use the Add or Delete boxes when changes are applicable.

**LICENSEE INFORMATION:**
Licensees must provide either a Radioactive Materials License Number or Reciprocal License Number (Location Reference Number) 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 3-day notification requirement, the applicant **MUST** provide a reason that the notification is being made less than 3 days before the scheduled work. Failure to give a reason may result in denial of the authorization.

**CURRENT LICENSE TYPES:**
The "drop-down" menu may be used to locate your licence type(s) or you may use the space to write your entry. If you need additional entry space, please provide a list and attachment 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." This DOES NOT apply to companies performing source change-outs or equipment repair/service on medical devices

List the Make, Model and Serial number for all radiological equipment to be used.
List each Isotope from the drop-down menu bars. Be sure to check the appropriate box for Activity Units.

**CURRENT LICENSE TYPE:**
Use the drop-down menus to list your Current License Types. If you need additional entry space, please provide a list and attachment it to this form.

**WORK LOCATION INFORMATION:**
Describe the 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.

**PERSONNEL / AUTHORIZED USERS:**
The contact person for this section must be an individual at the COMPANY FOR WHOM THE WORK IS BEING CONDUCTED. Please verify the cellular phone or page number prior to filing this report. This person must be knowledgeable of the location and nature of the work being performed.