

RADIATION-PRODUCING MACHINES 2-DAY NOTIFICATION

Completed forms MUST be received 48-hours **PRIOR** to the initiation of work at the location listed below.

SCHEDULED DATES OF WORK

Start Date	<input type="text"/>	End Date	<input type="text"/>	# Days Worked	<input type="text"/>	Add	<input type="text"/>	Delete	<input type="text"/>
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REGISTRANT INFORMATION

Notification Date

Company Name

Registration No.

Registering Agency Name

Agency Address

City State Zip Code

Country

Radiation Safety Officer

Cell No.

PREVIOUS NOTIFICATION

Yes No Is this a revision of a previous notification?

Provide the reason for late notification, if applicable

ATTACHEMENTS

Copy of a previous notification

Other

PERSONNEL/AUTHORIZED USERS

NAME	CELLULAR

WORK LOCATION INFORMATION

Company Name

Contact Name

Telephone No. Cell/Pager No.

e-mail address

Enter UTM Degree Decimal Coordinates and or the physical address or description of the work location

TYPE OF WORK TO BE PERFORMED

Please describe the type of work to be performed.

EQUIPMENT

Make	MODEL	SERIAL NUMBER

I THE UNDERSIGNED CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the New Mexico Radiation Protection Regulations and that I am required to comply with these regulations under 20.3.2.211 NMAC for which this report has been filed with the New Mexico Environment Department.
- I understand that activities, including storage, conducted under this recognition are limited to a total of 180-days in a calendar year.

Signature Required Date