

RADIATION-PRODUCING MACHINES 2-DAY NOTIFICATION

Completed forms MUST be received at least 48 hours **PRIOR** to the initiation of work at the location listed below. E-mail completed forms to RCB.reciprocity@env.nm.gov.

SCHEDULED DATES OF WORK

Start Date		End Date		Days Worked		Add		Delete	
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REGISTRANT INFORMATION

Notification Date		
Company Name		
Registration No.		
Registering Agency Name		
Address		
City	State	Zip Code
Country		
Radiation Safety Officer		
Telephone Number		

PREVIOUS NOTIFICATION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is this a revision of a previous notification?
Provide the reason for late notification, if applicable		

ATTACHMENTS

<input type="checkbox"/> Copy of a previous notification
<input type="checkbox"/> Other

TYPE OF WORK TO BE PERFORMED

Please describe the type of work to be performed.

PERSONNEL/AUTHORIZED USERS

NAME	TELEPHONE

WORK LOCATION INFORMATION

Company Name	
Contact Name	
Telephone No.	Cell No.
E-mail address	

Enter UTM Degree Decimal Coordinates and or the physical address or description of the work location	
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EQUIPMENT		
MAKE	MODEL	SERIAL NUMBER

I, THE UNDERSIGNED, CERTIFY THAT:

- a. All information in this report is true and complete.
- b. I have read the New Mexico Radiation Protection Regulations, and I understand 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.

Signature Required		Date	
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