RECIPROCAL RECOGNITION LOCATION REPORT (3-DAY NOTIFICATION FORM)

INSTRUCTIONS: Complete this form completely prior to entering the State of New Mexico to perform work. Completed forms MUST be received at least 72 hours **PRIOR** to initiating work. Submit completed forms via e-mail to RCB.reciprocity@env.nm.gov.

| SCHEDULED DATES OF WORK | | | | | | |
|------------------------------------|-----------------------------|--|---------------------------------------|---------------------------------|--|--|
| Start Date | Er | nd Date | No. Days Worked | Add Delete | | |
| LICENSEE INFORMATION | | | PREVIOUS NOTIFICATION | | | |
| Notification Date | | | Yes No Is this a revis | ion of a previous notification? | | |
| Licensee Name | | | | | | |
| NM RAM License No. (if applicable) | | | Provide the | | | |
| Radioactive Materials License No. | | | reason for late notification, if | | | |
| ssuing Agency | | | applicable | | | |
| Contact Name | | | ATT A CULTURE | C DECUMPED | | |
| Telephone No. Fax No. | | | ATTACHMENTS REQUIRED | | | |
| E-mail address | | | Licensure Fee \$1,200 | | | |
| CURRENT LICENSE TYPES | | A copy of your current license and/or summary, including all | | | | |
| TYPE | | | amendments. | | | |
| TYPE | | | PERSONNEL/AUTHORIZED USERS | | | |
| TYPE | | | NAME | TELEPHONE | | |
| TYPE | | | INAIVIE | TELEPHONE | | |
| TY | YPE OF WORK TO BE PERI | FORMED | | | | |
| Pipeline | Concrete / Foundation | Lead Paint Analysis | | | | |
| Fabrication Medical | Service and/or Repair | Road Construction | | | | |
| Landfill | Equipment or Source Install | Tank | | 4 | | |
| If other, please list | | | WORK LOCATION II | NFORMATION | | |
| EQUIPMENT | | | Company Name | | | |
| MAKE | MODEL | SERIAL NO. | | | | |
| | 1/// | | Contact Name | | | |
| | | TENT | Telephone No. | Mobile No. | | |
| ISO | OTOPES (use chemical abbr | eviation) | E-mail Address | | | |
| ISOTOPE | ACTIVITY | SPECIFY UNITS | | | | |
| | | ☐ Ci ☐ mCi | Enter the physical address, UTM | | | |
| | | ☐ Ci ☐ mCi | coordinates and/or description of the | | | |
| | | ☐ Ci ☐ mCi | work location | | | |
| I, THE UNDERSIGNED | , CERTIFY THAT: | | | | | |

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

| Signature Required | Date | |
|--------------------|------|--|
|--------------------|------|--|