

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	<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

Address

City State Zip Code

Country

Radiation Safety Officer

Telephone Number

PREVIOUS NOTIFICATION

Yes No Is this a revision of a previous notification?

Provide the reason for late notification, if applicable

ATTACHMENTS

Copy of a previous notification

Other

PERSONNEL/AUTHORIZED USERS

NAME	TELEPHONE

TYPE OF WORK TO BE PERFORMED

Please describe the type of work to be performed.

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

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