

Reciprocity License Notification

Note: To establish reciprocity, submit a complete copy of most recent NRC or Agreement State RAM license, the information requested on this notification guidance and a check, draft or money order for the applicable fee at least three (3) business/work days before requested entry into the state. The notification form information is required before every entry into the state at least three business days in advance.

<p>COMPANY: _____ Address: _____ _____ _____ Telephone: _____ Email: _____ Source(s): _____ _____ Last Leak/Wipe Test: _____</p> <p><u>FLORIDA CUSTOMER INFORMATION:</u> COMPANY: _____ FLORIDA RADIOACTIVE MATERIALS LICENSE NUMBER: _____ Site Address: _____ _____ _____ Date Work Begins: _____ Date Work Ends: _____</p>	<p><u>OPERATOR(S):</u> _____ _____ _____ License No: _____ RSO: _____ Source Activity: _____ Exposure Device(s): _____ _____</p> <p><u>COMPANY CONTACT:</u> Name: _____ Phone Number: _____</p> <p>If address is unclear, provide directions to job site:</p>
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Name: _____

Title: _____

Signature: _____

Date: _____

Make checks, drafts or money orders payable to **“Bureau of Radiation Control”**, **Memo: ERCM reciprocity**

Refer to the fee schedule at <http://www.floridahealth.gov/environmental-health/radiation-control/radmat/documents/regguide6-20.pdf> (Annual fee = Reciprocity fee).

Note: Disregard the application and reclamation fees, they do not apply to reciprocity.

Mailing Address:

4052 Bald Cypress Way, BIN C21
Tallahassee, FL 32399-1741

Phone: (850) 245-4545

Over Night Mailing Address:

4042 Bald Cypress Way, Room 220.05
Tallahassee, FL 32399-1741

FAX: (850) 921-6364