



Mission: To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**BUREAU OF RADIATION CONTROL  
RECIPROCITY NOTIFICATION GUIDANCE**

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

<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>
---	---

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

Make checks, drafts or money orders payable to "DOH, Bureau of Radiation Control". Refer to the fee schedule at <http://www.myfloridaeh.com/radiation/radmat/RegGuide6-20.doc> (Annual fee = Reciprocity fee).

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