

**STATE OF MAINE  
RADIATION CONTROL PROGRAM  
RECIPROCITY REPORTING FORM**

<b>NAME OF LICENSEE:</b>		<b>STATE/LICENSE NUMBER:</b>	
		<b>EXPIRATION DATE:</b>	
<b>ADDRESS OF LICENSEE:</b>		<b>TYPE OF REPORT</b>	
			INITIAL
			REVISION
			CLARIFICATION
<b>RSO/CONTACT:</b>		<b>TELEPHONE:</b>	<b>FAX:</b>
<b>E-MAIL:</b>			
<b>ACTIVITIES TO BE CONDUCTED IN THE STATE</b>			
<b>PORTABLE GAUGES</b>	<b>RADIOGRAPHY</b>	<b>LEAK TESTING AND/OR CALIBRATION</b>	
<b>HDR or IRRADIATOR SERVICE</b>	<b>OTHER:(specify)</b>		

**PLACE WHERE WORK WILL BE DONE**

<b>CLIENT &amp; SPECIFIC LOCATION:</b>	<b>PEOPLE DOING WORK</b>	<b>ISOTOPE/ACTIVITY</b>	<b>DATES/TIMES OF WORK</b>
<b>CLIENT CONTACT &amp; PHONE</b>			

Send this report so it will arrive at least three (3) working days prior to work commencement to: Radiation Control Program, 286 Water ST 3<sup>rd</sup> Floor, 11 State House Station, Augusta, Maine 04333-0011. Call (207) 287-5676 with any questions. Fax (207) 287-3059. E-mail: radiation.dhhs@maine.gov.

***Licensed activity cannot commence until approved by the Agency.***

<i>Agency Use Only →</i>	<b>Authorizing Official:</b>	<b>Signature:</b>	<b>Date</b>