



Radioactive Materials Unit  
 PO Box 64975  
 St. Paul, MN 55164-0975  
 Phone: 651-201-4400 • Fax 651-201-3999

**APPLICATION FOR RECIPROCITY IN MINNESOTA**

Company Name & Address:	Federal Tax ID #:
	NRC or Agreement State License #:
	Contact Person (Radiation Safety Officer):
	Phone #:
	Emergency Contact #:

Please read the following information and instructions contained on this cover sheet before completing the attached form.

**INSTRUCTIONS**

Licensees seeking initial or renewal of activities under reciprocity must submit the completed attached form with a copy of the Agreement State, or US Nuclear Regulatory Commission (NRC) specific license, and the specified Minnesota Department of Health (MDH) fee for reciprocity, which is \$1,200.00. Checks should be made payable to the "Minnesota Department of Health". The commissioner must receive this filing at least 3 days before the licensee engages in activities permitted under the Reciprocity Agreement.

The licensee may file the "Reciprocity Notification, Form 14a" with the temporary job site information through the mail or other means as long as MDH receives the information and fees at least 3 days before the licensee engages in the activity. If the facsimile or other acceptable method for filing all of the required information is not available to the licensee due to an emergency or other reasons, MDH may, waive the time requirements specified above for the filing, provided the licensee:

- Has received written notification of the activity from the MDH; and
- Informs MDH by phone, fax, form, or letter, of initial activities or revisions to the information submitted on the initial form (e.g., additional locations of work or changes to the radioactive material or work activities) and

**CERTIFICATION** *(Must be completed by applicant).*

I, the undersigned hereby certify that:

- All information in this report is true and complete
- I understand that I am required to comply with Minnesota law as to all radioactive material, source, special nuclear occurring, or accelerator-produced radioactive material, which I possess and use in Minnesota under reciprocity for which this report is filed with the Department of Health.
- I understand that activities, including storage, conducted in Minnesota under another Agreement State, NARM Licensing State, or NRC license based in non-Agreement States are limited to a total of 180 days in the one year period (365 days) beginning with receipt of the fee payment.
- I understand that I may be inspected by the MDH at the above listed work site locations for activities performed in Minnesota. I am also aware that I will be responsible for any fess associated with such inspections.
- I understand that conduct of any activities not described above, including conduct of activities on dates or at locations different from those described above or without MDH authorization, may subject me to enforcement action, including civil or criminal penalties.

*The applicant and any official executing this application on behalf of the applicant named above certifies that this application is prepared in conformity with Chapter 4731, Minnesota Rules, and that all information contained herein, including any supplements or attachments contained herein, are true and correct to the best of our knowledge and belief.*

Certifying Officer, RSO or Management Representative <i>(Type/Printed Name and Title):</i>	Signature:	Date:
--	------------	-------

The "Reciprocity Notification, Form 14a" for each temporary job sites must be used to inform the MDH of the locations of reciprocity work during the reciprocity year.