



Radiation Control Unit
625 North Robert Street
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4545
www.health.state.mn.us/divs/eh/radiation

X-ray Reciprocity Certification: (Must be completed by applicant.)

I, the undersigned hereby certify that:

- a. All information in this application is true and complete.
- b. I understand that I am required to comply with Minnesota rules as to all equipment, which I possess and use in Minnesota under reciprocity for which this report is filed with the Department of Health.
- c. I understand that activities, including storage, conducted in Minnesota under another state registration are limited to a total of 180 days in one year period (365 days) beginning with receipt of the application.
- d. I understand that I may be inspected by the MDH at work site locations for activities performed in Minnesota.
- e. I understand that conduct of any activities not described in notifications including dates or locations different from those listed in a notification 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 4732, 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:
(Typed/Printed Name and title)

(Signature)

(Date)

INSTRUCTIONS:

For registrants seeking to conduct activities under reciprocity for the first time in a calendar year, submit the completed attached form with a copy of the registration from the home state. The commissioner must receive this filing at least three days before the registrant engages in activities permitted under the Reciprocity Agreement.

Filing may be a facsimile of the form, the state registration, as this method avoids many scheduling problems, which maybe caused by use of regular mail. If the facsimile method is used, the Minnesota Department of Health must receive the fax three days before the registrant engages in the activity. Alternatively, the applicant may file the required information through the mail or other means as long as MDH receives the information at least three days before the registrant engages in the activity.

If the facsimile or other acceptable method for filing all of the required information is not available to the registrants due to an emergency or other reasons, MDH may waive the time requirements specified above for the filing, provided the registrant:

- Informs MDH by telephone, facsimile, 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 equipment or work activities) and
- Receives written authorization of the activity from MDH and
- Files the original and a copy of the form, copy of the registration within three days after the telephone or other notification.

The “Reciprocity Notification” for each temporary job site must be used to inform the MDH of the locations of the reciprocity work during the reciprocity year.