



Notification of Entry to Perform Activities Under Oregon Reciprocity

Department of Human Services / Radiation Protection Services

800 NE Oregon St. #640 Portland, OR 97232-2162

voice: (971) 673-0490 fax: (971) 673-0553

1. Name of licensee providing notification _____	2. Mailing address _____ _____
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3. Oregon radioactive materials reciprocity license number _____

4. Radioactive material license # _____	Issuing agency _____	Amendment number _____
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5. Name of RSO	Phone number	<i>fax</i> number	<i>e-mail</i>
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6. Person(s) authorized by license to perform activity		
_____ _____ NAME	_____ _____ TELEPHONE NUMBER	_____ _____ <i>e-mail</i>

7. Description of activities to be conducted in Oregon _____

8. Location(s) where activities described in 7 will be conducted		
_____ COMPANY NAME	_____ LOCAL CONTACT PERSON	_____ TELEPHONE NUMBER

_____ CONTRACTOR/VENDOR NAME	_____ CONTRACTOR/VENDOR CONTACT PERSON	_____ TELEPHONE NUMBER
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_____ _____ COMPANY ADDRESS	date from: _____ time from: _____	date to: _____ time to: _____
	DATES/TIMES SCHEDULED	

9. Sealed sources or devices containing sealed sources				
_____ _____ DEVICE/SOURCE MFG	_____ _____ MODEL / SERIAL #	_____ _____ ISOTOPE	_____ _____ ACTIVITY	_____ _____ LAST LEAK TEST DATE

10. CERTIFICATION (must be completed by applicant)
I, the undersigned, hereby certify that:
(a) All the information in this application is true and complete.
(b) I have read and understand the provisions of the general license in OAR 333-102-0340 and I understand that I am required to comply with these provisions as to all radioactive materials that I possess and use in Oregon under the general license, for which this application is filed with the State of Oregon.
(c) I understand that activities, including storage, conducted in Oregon under general license are limited to a maximum of 180 days in any calendar year.

CERTIFYING OFFICER — TYPED/PRINTED NAME & TITLE	SIGNATURE	DATE
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