



STATE OF NEVADA

Radiation Control Program

Reciprocity Authorization Request Form



NAME OF LICENSEE		TELEPHONE NUMBER	FAX NUMBER	
LICENSEE STREET ADDRESS		CITY	STATE	ZIP CODE
LICENSING AGENCY	LICENSE NO.	AMENDMENT NO.	LICENSEE E-MAIL	
NAME OF RSO		RSO WORK PHONE NUMBER	RSO CELL PHONE NUMBER	
RSO FAX NUMBER		RSO E-MAIL		

from: _____ to: _____
DATE OF POSSESSION IN NEVADA DATE OF POSSESSION IN NEVADA

INDIVIDUALS WHO WILL USE RADIOACTIVE MATERIAL

NAME OF USER	CONTACT NUMBER	NAME OF USER	CONTACT NUMBER
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

RADIATION SOURCES TO BE USED

RADIONUCLIDE	ACTIVITY	MANUFACTURER	MODEL	SERIAL NO.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NEVADA COMPANY CONTACT & USE LOCATION

NAME OF COMPANY IN NEVADA	NAME OF PERSONAL CONTACT AT COMPANY IN NEVADA	TELEPHONE NUMBER OF CONTACT IN NEVADA
_____	_____	_____
NEVADA STREET ADDRESS		CITY
_____		_____
NEAREST POPULATED AREA OR LANDMARK IF LOCATED IN RURAL NEVADA		

SCOPE OF WORK TO BE PERFORMED (MARK ALL THAT APPLY)

- | | | |
|--|------------------------|-----------------------------|
| Well Logging (go to pg.2) | Portable Nuclear Gauge | Industrial Radiography |
| Fixed Gauge Maintenance, Installation, or Repair | | Leak Testing or Calibration |
| HDR or Brachytherapy Service or Source Exchange | | Waste Packaging |
| Gamma Knife Service or Source Exchange | | Other _____ |

***If not listed on the license, the Requestor must submit a Delegation of Authority**

NAME & TITLE OF REQUESTOR	SIGNATURE	DATE
_____	_____	_____

WELL LOGGING

TOWNSHIP	SECTION	RANGE	
DISTANCE (ft) FROM WELL TO BE LOGGED ¹	DISTANCE (ft) FROM WELL TO BE LOGGED ²		
NAME ASSIGNED TO WELL	NUMBER ASSIGNED TO WELL	DEPTH OF WELL (ft)	SURFACE CASING (ft)
FRESH AQUIFERS WITHIN 3 MILES OF LOGGED WELL			
LOCATION			DISTANCE
Do the wells to be logged penetrate a fresh water aquifer?		Yes	No
Does the surface casing go completely through fresh water aquifer?		Yes	No
LOCATION AND IDENTIFICATION OF WELLS ²			
LOCATION	IDENTIFICATION	WELL DEPTH	CASING DEPTH
WELL LOGGING SCOPE OF WORK TO BE PERFORMED			
Tracer Studies	Wire Line	Logging While Drilling (LWD)	Other _____
OWNER/OPERATOR AGREEMENT			
By checking this box, the reciprocity licensee certifies the implementation of a Well Owner/ Operator Agreement pursuant to NAC 459.7645 .			

¹ Submit distance from well to two different section lines. Please include notation on map.

² Location and identification (ID) of any wells, within 3 miles of the well to be logged, that are producing water for human or animal consumption, or irrigation, and the depths of wells and the surface casings.