



# 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 (SUBMIT TRAINING RECORD)

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 <sup>1</sup>	DISTANCE (ft) FROM WELL TO BE LOGGED <sup>2</sup>		
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 <sup>2</sup>			
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 <a href="#">NAC 459.7645</a> .			

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

<sup>2</sup> 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.