



APPLICATION FOR RECIPROCITY

South Carolina Department of Health and Environmental Control
Bureau of Radiological Health
 2600 Bull Street
 Columbia, SC 29201
 (803)545-4400 Phone
 (803)545-4412 Fax

Any out-of-state licensees seeking to perform activities authorized under their Agreement State or NRC Radioactive Material License in the state of South Carolina must obtain a **LETTER OF RECIPROCITY AUTHORIZATION** by submitting this completed **APPLICATION FOR RECIPROCITY** along with the items listed in the **CHECKLIST** below.

Submission of this **APPLICATION FOR RECIPROCITY** and the required documentation/fees does not constitute approval to perform licensed activities in South Carolina under reciprocity.

Only licensees possessing a LETTER OF RECIPROCITY AUTHORIZATION, and following all instructions listed therein, are considered eligible to perform licensed activities in South Carolina.

Company Name and Address:

Contact Person (Name/Title):

 Phone No.: _____
 License No.: _____

RECIPROCITY APPLICATION CHECKLIST

Please submit the following to: James K. Peterson, Director
 Bureau of Radiological Health
 2600 Bull Street
 Columbia, SC 29201

- This completed **APPLICATION FOR RECIPROCITY**
- A copy of your current Radioactive Material License
- A check, made payable to *South Carolina Department of Health and Environmental Control*, for the required reciprocity fee:
 - Moisture/Density Gauge . . . \$325.⁰⁰
 - Services/Consultants . . . \$207.⁰⁰
 - Well Logging . . . \$1,125.⁰⁰
 - Portable XRF Analyzer . . . \$338.⁰⁰
 - Mobile Nuclear Medicine . . . \$675.⁰⁰
 - Industrial Radiography (Temporary Field Site) . . . \$1,344.⁰⁰

CERTIFICATION (Must be completed by applicant's Radiation Safety Officer or Management Representative.)

I, the undersigned, hereby certify that:

- All information in this report is true and complete.
- I understand that, while engaging in authorized activities in South Carolina, I must comply with all applicable regulations outlined in Title A, Department Regulation 61-63 (<http://www.scdhec.gov/health/radh/61-63.htm>).
- I understand that activities conducted in South Carolina under reciprocity, including storage, are limited to a total of 180 days in a fiscal year (July 1st through June 30th).
- I understand that, after receiving my **LETTER OF RECIPROCITY AUTHORIZATION**, I may be subject to inspection by the Department to ensure compliance with all relevant requirements.
- I understand that I am required to notify the Department in writing at least three (3) days prior to each use of radioactive material in South Carolina by submission of a completed **NOTIFICATION OF RECIPROCITY** Form.
- **Upon receipt of my LETTER OF RECIPROCITY AUTHORIZATION, I will review all information listed therein, and will contact the Department at (803)545-4400 if I have any questions related to reciprocity.**

COMPLETED BY: <u>Name/Title</u>	<u>Signature</u>	<u>Date</u>
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