



RADIOACTIVE MATERIAL RECIPROCITY REQUEST

Arizona Radiation Regulatory Agency
 Phone: 602-255-4845 Fax: 602-437-0705

Submit form to: Arizona Radiation Regulatory Agency, Radioactive Materials Program
 4814 South 40th Street Phoenix, AZ 85040

Company Name:		
Contact Person:		
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	Email Address:

SUBMIT THE FOLLOWING:

- Written notification to the Arizona Radiation Regulatory Agency three working days prior to entering, this notification shall include **(for Industrial Radiography, see R12-1-525 for additional requirements)**:

Location of Work	
Duration of Work (Start and end dates)	
Local Contact	
Device and Model Number	
Quantity and Isotope used	
Names of Individual Users	
Type of Possession and Use within the State	

- Operating and emergency procedures manual: Current copy attached
- NRC or Agreement State License: Current copy attached
- Provide License number: _____
- The training certificates or proof of training of individual users, if not listed on the license (i.e., Radiographer ID cards, course certificates, etc.) Attached(if applicable)
- A proper reciprocity fee([view fee schedule](#)) **check or money order only**, payable to the Arizona Radiation Regulatory Agency. Attached
- Obtain a reciprocity approval letter from the Arizona Radiation Regulatory Agency to operate in Arizona, Call 602-255-4840 for more information.

Additional Comments & Information:

Signature

Date