



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		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.