



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
 E-mail: radmat@dhec.sc.gov

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: Andrew M. Roxburgh, 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 (<https://scdhec.gov/sites/default/files/Library/Regulations/R.61-63.pdf>).
- 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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Instructions for Completing Notification of Reciprocity - DHEC 0847

Application for Reciprocity

All reciprocity licensees must submit a completed Application for Reciprocity prior to each use of radioactive material in the State of South Carolina.

The Application for Reciprocity will be completed by the reciprocity licensee's Radiation Safety Officer, a designated authorized user or management representative, or a company employee under the supervision of the Radiation Safety Officer, an authorized user, or a management representative.

Application Items

Licensee Information

Company Name and Address: Name and address of the reciprocity licensee

Contact Person (Name/Title): Name and title of the person who should be contacted in the event of questions regarding the Notification of Reciprocity

Phone No.: Phone number of the Contact Person

License No.: Company's NRC or Agreement State Radioactive Material License Number

Reciprocity Application Checklist

Licensee must include all items in the checklist as part of the application for reciprocity

Certification

Must be completed by Licensee's Radiation Safety Officer or Management Representative

OFFICE MECHANICS AND FILING:

The retention schedule number for this form is 16305- Licenses (Active and Terminated).

Application for Reciprocity Form will be collected by the Division of Radioactive Material Licensing and Compliance, filed according to licensee name, and maintained in accordance with the Bureau of Radiological Health's record-keeping policy.