APPLICATION FOR OREGON RADIOACTIVE MATERIAL RECIPROCITY LICENSE
Oregon Health Authority | Radiation Protection Services
800 NE Oregon St, Suite 640; Portland OR 97232-2162
Phone: 971-673-0490 | Fax: 971-673-0553 | Emergency: 1-800-452-0311

INSTRUCTIONS: Fill out the application completely. Include a copy of your current U.S. NRC or Agreement State license with your submission. Upon approval of this application and payment of fees, the applicant will be granted a general license to conduct activities within this state for a period not in excess of 180 consecutive days in the calendar year. Once approved, you will be able to make online reciprocity notifications at https://rps.licenseeservices.public.health.oregon.gov/.

1. **This is an application for:**
   ☐ New Reciprocity License   ☐ Renewal/Reactivation of Oregon Reciprocity License #: _____

2. **Business Name:** _____
   Mailing Address: _____

3. **Application Contact Person:** _____ **Phone:** _____
   E-mail: _____ **Fax:** _____

4. **Name of Radiation Safety Officer:** _____ **Phone:** _____
   E-mail: _____ **Cell Phone:** _____

5. **U.S. NRC or Agreement State radioactive materials license number (Please attach copy):** _____
   Issuing Agency: _____ **Amendment Number:** _____

6. **Sealed sources or devices containing sealed sources to be used (attach additional sheets as necessary):**

Device and Source Manufacturer	Model	Serial Number	Isotope	Activity

7. **Description of activities to be performed in Oregon (must be permitted by your attached license document):**

   _____

   _____

8. **Certification (must be completed by applicant):**

   I, the undersigned, hereby certify that:
   a. All the information in this application is true and complete.
   b. I have read and understand the provisions of the general license in Oregon Administrative Rules (OAR) 333-102-0340 and I understand that I am required to comply with these provisions as to all radioactive materials that I possess and use in Oregon under the general license, for which this application is filed with the State of Oregon.
   c. I understand that activities, including storage, conducted in Oregon under general license are limited to a maximum of 180 consecutive days in any calendar year.

   Print Name & Title: _____

   ***Signature of certifying official:** _____ **Date:** _____

   *Please ensure completeness when signing. Signing digitally will mark all fillable fields on this PDF form as "read only."