



APPLICATION FOR RADIOACTIVE MATERIAL RECIPROCITY OF SPECIFIC LICENSES

INSTRUCTIONS: Complete all items if this is an Initial Application. Use supplemental sheets where necessary. A link <https://hhs.iowa.gov/public-health/radiological-health> to the HHS Radiation Machines and Radioactive Materials rules can be found at that web site. To ensure a complete and accurate application, please use the appropriate regulatory guide as a reference while completing this application.

Application can be e-mailed to iowaram@hhs.iowa.gov. Payment can be made by credit card on the regulatory portal at <https://amanda-portal.idph.state.ia.us/adpereh/portal/#/dashboards/index> following email submission and Agency processing. Otherwise, check payment and, if applicable, paper application can be mailed to:

Iowa Department of Health & Human Services, Bureau of Radiological Health, Lucas State Office Building, 5th floor, 321 East 12th street, Des Moines, IA, 50319

Upon approval, the applicant will receive an Iowa Reciprocity Recognition of your Radioactive Materials License issued in accordance with the general requirements contained in chapter 136C of the Iowa administrative code.

Need Assistance? Email iowaram@hhs.iowa.gov or call the Agency at numbers listed at <https://hhs.iowa.gov/public-health/radiological-health/radioactive-materials-program>.

FACILITY INFORMATION: PLEASE PRINT OR TYPE.

Facility Name: * _____
Street Address: * _____
City: * _____ State: * _____ Zip: * _____
Phone Number 1: * _____ Phone Number 2: _____
Email: * _____ EIN: * _____

AFFIRMATION QUESTIONS:

Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, Yes No suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you or the organization? *

If yes, include the date, location, reason, and resolution. *

_____ Yes No
Have there ever been judgments or settlements paid on your behalf or on the organization's behalf as a result of a professional liability case? *

If yes, include the date, location, reason, and resolution. *

Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? *
 If yes, provide a description of the circumstances. *

Yes No

CONTACT INFORMATION FOR RADIATION SAFETY OFFICER (RSO) (Use additional pages if necessary):

*Provide a copy of Materials License you will operate under unit in IOWA.

First Name: *	Last Name: *
Phone Number: *	Email: *
License Number:	Business Name:*
Street Address: *	
City: *	State: * Zip Code: *
Comments:	

OPERATORS: List each operator details separately. (Use additional pages if necessary.)

*Provide a copy of Operator License

First Name	
Last Name	
Radiographer Card Number (If applicable)	
Radiographer Card Expiration Date	

First Name	
Last Name	
Radiographer Card Number (If applicable)	
Radiographer Card Expiration Date	

RECIPROCITY JOB DETAILS: list each job details separately. (Use additional pages if necessary.)

*Provide Copy of Reciprocity Job Details.

RSO	
Source(s)	
Source(s) Activity	
Last Leak/Wipe Test	
Exposure Device(s)	
Client Company	
Client Site Address	
Client Company Contact Name	
Client Company Contact Phone number	
Direction to Job Site	
Work Start Date	
Work End Date	
Number of Days	

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions

Typed/Printed Name

Signature Certifying Officer

Title

Date