

**STATE OF MAINE
RADIATION CONTROL PROGRAM
RECIPROCITY REPORTING FORM**

NAME OF LICENSEE:		STATE/LICENSE NUMBER:	
		EXPIRATION DATE:	
ADDRESS OF LICENSEE:		TYPE OF REPORT	
			INITIAL
			REVISION
		CLARIFICATION	
RSO/CONTACT:		TELEPHONE:	FAX:
E-MAIL:			
ACTIVITIES TO BE CONDUCTED IN THE STATE			
PORTABLE GAUGES	RADIOGRAPHY	LEAK TESTING AND/OR CALIBRATION	
TELE THERAPY/IRRADIATOR SERVICE	OTHER:(specify)		

PLACE WHERE WORK WILL BE DONE

CLIENT & SPECIFIC LOCATION:	PEOPLE DOING WORK	I SOTOPE/ACTIVITY	DATES/TIMES OF WORK
CLIENT CONTACT & PHONE			

Send this report so it will arrive at least three (3) working days prior to work commencement to: Radiation Control Program, 11 State House Station , Augusta, Maine 04333-0011. Call (207) 287-5676 with any questions. Fax (207) 287-3059. E-mail: radiation.dhhs@maine.gov.

Licensed activity cannot commence until approved by the Agency.

<i>Agency Use Only-></i>	Authorizing Official:	Signature:	Date