



MARYLAND DEPARTMENT OF THE ENVIRONMENT
APPLICATION FOR RECIPROCAL RECOGNITION OF
OUT OF STATE RADIOACTIVE MATERIALS LICENSE

Maryland Department of the Environment • 1800 Washington Boulevard,
Suite 750, Baltimore, MD 21230 • Baltimore, MD 21230 • 410-537-3300

Name of Licensee: _____ Date: _____
Licensee Address: _____ E-mail _____
City _____ State _____ Zip _____
Responsible Party (Owner, Manager) _____ Phone _____
Radiation Safety Officer _____ Phone _____
Radioactive Materials License No. _____ Name of State/NRC _____
License Expiration Date _____ Federal Tax I.D. No.1 _____

1Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. § 552a. Disclosure of your Social Security Number (SSN) on this form is mandatory pursuant to the provisions of § 1-203 (2003) of Environment Article, Annotated Code of Maryland, which requires MDE to verify that an applicant for a permit or license has paid all undisputed taxes and unemployment insurance. Your Social Security Number will not be used for any purposes other than those described in this Notice. Authority to collect your SSN is granted by the Family Law Article, Annotated Code of Maryland, § 10-119.3 ("FL 10-119.3"). Be advised that FL § 10-119.3 allows for certain licensing information, including your full name, address, SSN, and description of the license held by you, to be exchanged with the Maryland Department of Human Resources ("DHR"). The exchange of this information, including your SSN, is to assist in verification of your identity and to invoke the provisions of FL § 10-119.3 relating to child support obligations. Your SSN will NOT be given to the public, except as permitted by law. Please be further advised that FL § 10-119.3(e) allows MDE to suspend your license or deny your application for licensure upon notification by DHR.

Type of use:

- Industrial Radiography
Portable Gauge
Other
Mobile Nuclear Medicine
Health Physics Services
Source Transfer
Portable Analyzers

Describe

- I certify that I will pay the applicable annual fee to the Maryland Department of the Environment (Department) prior to bringing radioactive materials into the State of Maryland under a reciprocal license.
I certify that I will provide notice to the Department at least three (3) days prior to work using radioactive materials in the State of Maryland by means of a RECIPROCITY NOTIFICATION form (MDE/ARA/PER029), with one form to be completed for each new work job.
I certify that I will notify the Department of any changes to my submitted notice for the job via the method specified by the Department.
I certify that all work in Maryland will comply with COMAR 26.12.01.01C.90 and all other applicable Department regulations and the terms of the reciprocal license approval.

This application should be sent as an e-mail attachment to mde.reciprocity@maryland.gov. Or it may be faxed to 410-537-3198, but call 410-537-3300 to confirm receipt.

Signature of Authorized Party
Name of Authorized Party
Date Signed

PLEASE INDICATE THAT THE REQUIRED ATTACHMENTS ARE INCLUDED:
Copy of Agreement State or NRC license.
Copy of Radiation Safety Program including documents incorporated into the Radioactive Materials License.

