



MARYLAND DEPARTMENT OF THE ENVIRONMENT
 1800 Washington Boulevard • Baltimore, Maryland 21230
 (410) 537-3300 • After hours: 1-866-633-4686 • www.mde.maryland.gov

MD REC Number: _____ **RECIPROCITY NOTIFICATION** Work Order Number: _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: _____ E-mail: _____

License No. _____ Expiration Date _____

RSO _____ Telephone No. _____

Date MDE Requirements Letter Received _____

Type of Work _____ Code _____ Fee \$ _____

Device(s) used _____ Manufacturer _____

Model _____ S/N _____ Date of Q.M. Insp. _____

Source: Isotope _____ Date of leak test _____

Activity _____ Manufacturer _____ Model _____ S/N _____

Dates of use (weekday/weekend) _____

Times of use (am/pm) _____

Job Site Location(s): Non-Federal Federal

Job Address _____ City _____

Client _____ Job Location Contact _____

Client Phone# _____

Company's Representative(s): Name Cell Phone Number

Radiographer _____

Assistant Radiographer _____

Technician _____

Service Person _____

Other _____

Storage Method: _____ Vehicle ID: Make/Model _____

State _____ License No: _____ Year: _____

Additional Requirements:

- **Notify RHP by 0900 hrs if work not performed**
- **Notify RHP by 1600 hrs if after hours work not performed**
- **Notify RHP if personnel leave site less than 1/2 time requested**
- **Any time submitted work times are rescheduled or changed**

If there are any questions, please call:

MDE Radiological Health Program telephone: 410-537-3300
After hours emergencies: 1-866-633-4686

