



NOTICE OF INTENT TO WORK IN THE STATE OF TEXAS UNDER RECIPROACITY

PRIOR TO PERFORMING RADIATION WORK IN TEXAS:

This notice, RC Form 252-3, must be received by the agency at least 3 working days prior to engaging in an activity involving the use of radioactive material (RAM) or x-ray producing machines. You may request a waiver by telephone notification, (512) 834-6770, ext. 2000, if proper notice cannot be given due to the urgency of the service to be provided. Notification must include all of the information requested below. You must have a valid agency letter which grants reciprocal recognition of your license or certificate of registration prior to transport or use of RAM. This Notice of Intent form may be obtained at: <http://www.dshs.state.tx.us/radiation/>

Type of Notice: <input type="checkbox"/> INITIAL <input type="checkbox"/> UPDATE			
Company Name:		Materials License No.:	
Mail Address:		Issuing Agency/State:	
City/State/Zip:		X-Ray Registration No.:	
RSO Phone #:		Issuing Agency/State:	
RSO Name:		RSO Email :	

Do you possess a Texas agency letter that grants reciprocal recognition of your license or registration? Yes ___ No ___

Industrial Radiographic Personnel: Are qualifications for each user on file with this agency? Yes ___ No ___

Type of activities to be performed under reciprocity authorization: _____

Persons who will use RAM and/or X-Ray:			
Location where RAM will be stored (address):			
Dates Scheduled:		Scheduled Number of Work Days	Actual Number of Work Days
From:	To:		Submit an update when the actual number of work days differs from the scheduled number of work days

Client Name: _____ City of Work Location: _____

Client Representative at Work Location: _____ Client Phone #: _____

Physical Address of Work Location: _____

When there is no physical street address, include directions from nearest city or Hwy intersection with street names, distances, and zip code. Include GPS Coordinates when available.

RADIOACTIVE MATERIAL INFORMATION:

Radionuclide: _____ Source Activity: _____

Sealed Source Model Number: _____

Sealed Source Serial Number: _____

Source Holder/"Camera" Manufacturer: _____

Model Number: _____ Serial Number: _____

Most recent Leak Test Date: _____

X-RAY DEVICE INFORMATION:

X-Ray Manufacturer: _____

X-Ray Model No.: _____

X-Ray Serial No.: _____

FAX FORM TO: (512) 834-6654

(Fax number is operational 24 hours per day.)

Telephone: (512) 834-6770 ext. 2000

Documents containing sensitive information must be marked and protected in accordance with applicable security requirements.

We do not accept notices by e-mail

I hereby certify that all information on this "NOTICE" is true and complete. I understand that activities, including storage, are limited to a total of 180 days in a calendar year.

Signed: _____ **Date:** _____

Print Name: _____

Title: _____

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Ref: Government Code, Section 552.021, 552.023, 559.003 and 559.004).