



Radioactive Material Licensing Business Filing And Verification

RC Form 252-5 Application For RAM Reciprocity

This is an application for the reciprocal recognition of an out-of-state radioactive materials license as specified in Title 25 Texas Administrative Code §289.252(ee). Please submit this form with the appropriate 2-year application fee. The review of the application will not begin until the appropriate application fee is paid.

1. Legal business name and mailing address of licensee

2. License Action Type (check appropriate box):

- New or renewal application, attach the following:
- A completed RC Form 252-1 "Business Information Form".
 - A copy of your current license that you are requesting reciprocal recognition of.
 - The Operating, Safety, and Emergency procedures for the license.
 - Payment for the appropriate fee (See the "Instructions for Completing the Application" below.)
- Amendment, identify the change below and submit a copy of your current license
- Business Name (Attach RC Form 252-1 Business Information Form)
 - Address Change
 - Radiation Safety Officer
 - Amendment Number
 - Operating, Safety, and Emergency Procedures
 - License Expiration Date
 - Other _____

3. Authorization Requested:

- Mobile Decontamination (\$9,650.00)
- Industrial Radiography (\$17,870.00)
- Well Logging (\$5,920.00)
- Installation, Maintenance, and Repair of Devices (\$3,600.00)
- Portable/Mobile Gauge (\$3,240.00)
- Other: _____

Total fee enclosed (for new and renewal): \$ _____

4. Radiation Safety Officer (Contact person):

Name: _____

Office phone number: _____

Emergency phone number: _____

Email address: _____

5. CERTIFICATION - I certify that all information submitted is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Typed/Printed Name: _____ Title: _____

Retain a copy of the completed application for your files.

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.texas.gov> for more information on Privacy Notification (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004).

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Listed below are instructions for completing this application. Complete all applicable items. Use additional sheets if necessary. The forms and rules are available on our web page at <https://www.dshs.texas.gov/radiation/>.

ITEM 1 - Indicate your legal business name and mailing address.

ITEM 2 – Check "New Reciprocity or Renewal" to request a 2-year reciprocal recognition of your out-of-state Radioactive Material license. Attach the following:

- (1) RC Form 252-1 "Business Information Form".
- (2) A copy of your current license.
- (3) A copy of your Operating, Safety, and Emergency procedures for the license.
- (4) The appropriate 2-year application fee. The review of the application will not begin until the appropriate application fee is paid.

Check "Amendment" to request a change on the reciprocity letter. Check the change requested and submit a copy of the latest amendment to the license with the requested change.

ITEM 3 - Specify the category of use for which reciprocity is requested. Fees are determined by 25 TAC §289.204. For questions on fees, you can call us at 512-231-5627 or send an email to RadiationFeesandRecords@dshs.texas.gov. There is no charge for an amendment to a current reciprocity registration. To calculate the total fee for multiple usage/fee categories, take the highest fee and add 25% for each of the lower fees.

ITEM 4 - The Radiation Safety Officer (RSO) is the individual listed as the RSO for the license and can respond to inquiries from the application reviewer.

ITEM 5 - The application must be signed and dated by a person duly authorized to act on behalf of the applicant/licensee. The signature certifies the above information is true and correct.

Send the NEW and renewal application with applicable fee to:

Texas Department of State Health Services
Cash Receipt Branch – MC 2003
P.O. Box 149347
Austin, Texas 78714-9347

Send AMENDMENT requests to:

RAMLicensing@dshs.texas.gov