

Ohio Department of Health Bureau of Radiation Protection

Reciprocity of Proposed Activities from Other States or NRC Regions
Please read the information and instructions contained on these cover sheets before
Completing the "reciprocity application and notification form" (HEA 5522)

For licensees seeking to conduct activities under reciprocity for the first time in a calendar year (January 1 through December 31), submit a completed form HEA 5522, a copy of the Agreement State or NRC specific license, and the fee specified in 3701:1-38-02 of the Ohio Administrative Code, currently \$1,452.00. The Bureau must receive this filing at least three (3) days before the licensee engages in activities permitted under the Reciprocity Authorization.

Filing of a Reciprocity Application may be on-line, by mail, facsimile, or e-mail. Attach or send the completed form HEA 5522, the Agreement State or NRC license, and a copy of the check or other approved monetary instrument. On-line submission is the fastest method for processing the request.

If the licensee is unable to provide three days advance notice due to an emergency or other reasons, the Department may, **at its own discretion**, waive the time requirements specified above for the filing, provided the licensee:

- a. Informs the Bureau on-line, by telephone, fax, or e-mail of initial activities or revisions to the information on the original submission (e.g., additional locations of work or changes to the radioactive material or work activities)
- b. Receives written authorization for the activity from the Bureau
- c. Submits the original form HEA 5522, a copy of the license, any required attachments, and any required fee within three (3) days after the telephone or other notification.

Non-Ohio licensees seeking to conduct activities in Ohio under Reciprocity should file form HEA 5522, supporting documents, and the appropriate fee with the Bureau through the on-line RADMAT system, or as follows:

By Fax

Ohio Department of Health
Bureau of Radiation Protection
ATTN: Reciprocity Supervisor
Fax (614) 466-0381
BY MAIL::

By Mail:

Ohio Department of Health
Bureau of Radiation Protection
246 North High Street
Columbus, Ohio 43215

By E-mail

Bradiation@odh.ohio.gov
Subj: Reciprocity

NOTE: Activities, including storage, conducted in Ohio under Reciprocity, are limited to a total of 180 days in any calendar year. Failure to file a form may result in civil or criminal penalties.

NOTE: Inspections by the Bureau of activities performed by licensees operating under Reciprocity may be conducted at the listed work site locations. The licensee will be responsible for any fees associated with such inspections, as delineated in 3701:1-38-02 of the Administrative Code.

Instructions for Completing Form HEA 5522

Failure to complete the form in its entirety may result in a delay in processing.

Application Information

(Note: Items 1 – 8 are required for the initial application AND for notifications.)

- Item 1 – Name of the licensee. This should be the same as appears on the, Agreement State, or NRC specific license.
- Item 2 – Check if this form is being submitted as an initial application and/or for notification of work in Ohio.
- Item 3 – Licensee's complete mailing address for all correspondence. This should be the same as appears on the, Agreement State, or NRC specific license.
- Item 4 – Licensee's complete billing address, if different from mailing address provided in item 3. Indicate "SAME" if applicable.
- Item 5 – Licensee's Contact Information
 - 5a. – Contact's name and title
 - 5b. – Contact's telephone number
 - 5c. – Contact's fax number
 - 5d. – Contact's e-mail address
- Item 6 – Check all categories that apply to the licensee's proposed activities in Ohio. The Agreement State or NRC specific license must authorize all activities for which reciprocity is requested.
- Item 7 – Agreement State or NRC specific license information
 - 7a. – License number and most recent amendment number
 - 7b. – Issuing agency (use 2-letter state abbreviation or NRC)
 - 7c. – Expiration date of the Agreement State or NRC specific license (Indicate if in timely filed renewal status)
 - 7d. – Licensee's Federal Tax ID Number (DO NOT use a social security number. If no Tax ID number, contact the Bureau for further instructions)
- Item 8 – Application Certification
 - 8a. – Name and title of licensee's official certifying to the accuracy of the information contained on the application and/or notification form.
 - 8b. – Signature of licensee's official representative certifying to the accuracy of the information contained on the application and/or notification form.
 - 8c. – Signature date.

Notification Information

- Item 9 – Name of Client where reciprocity work is to be performed.
- Item 10 – Client contact person name.
- Item 11 – Client address.
- Item 12 – Phone number for Client contact person.
- Item 13 – Street address or directions to Client's job location. Use additional sheet(s) if necessary.
- Item 14 – Licensee's personnel who will be performing reciprocity work.
- Item 15 – Phone number for client work location/job site.
- Item 16 – Start and end date for job being reported under this notification.
- Item 17 – Total number of days anticipated for this job.
- Item 18 – Total number of days for the calendar year (January 1 – December 31) spent in Ohio prior to the date of this notification.
- Item 19 – List of radioactive materials, types, activities, sources, and devices to be used/worked on for this reciprocity work.

Use additional sheet(s) if necessary.