

**IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF RADIOLOGICAL HEALTH**

**LUCAS STATE OFFICE BUILDING, 5TH FLOOR, 321 EAST 12TH STREET, DES MOINES, IOWA 50319**

**APPLICATION FOR RADIOACTIVE MATERIAL RECIPROCITY OF SPECIFIC LICENSES**

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**INSTRUCTIONS:** Complete all items if this is an Initial Application. Use supplemental sheets where necessary. A link ([www.idph.state.ia.us/eh/radioactive\\_materials.asp](http://www.idph.state.ia.us/eh/radioactive_materials.asp)) to the IDPH Radiation Machines and Radioactive Materials rules can be found at that web site. To ensure a complete and accurate application, please use the appropriate regulatory guide as a reference while completing this application. Mail the application to: IOWA department of public health, bureau of radiological health, Lucas state office building, 5th floor 321, East 12th street, Des Moines, IOWA, 50319.

Upon approval, the applicant will receive an IOWA Reciprocity Recognition of your Radioactive Materials License issued in accordance with the general requirements contained in chapter 136c of the IOWA administrative code

**If you have any questions, please contact:**

Angela Leek, Bureau Chief- (515) 281-3478, Randal S. Dahlin, Health Physicist- (515) 281-0419,  
Stuart Jordan, Health Physicist- (515) 281-0403

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**FACILITY INFORMATION: PLEASE PRINT OR TYPE.**

Facility Name: \* \_\_\_\_\_

Street Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip: \* \_\_\_\_\_

Phone Number 1: \* \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Email: \* \_\_\_\_\_ EIN: \* \_\_\_\_\_

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**AFFIRMATION QUESTIONS:**

Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you or the organization? \* Yes      No

If yes, include the date, location, reason, and resolution. \*

\_\_\_\_\_

Have there ever been judgments or settlements paid on your behalf or on the organization's behalf as a result of a professional liability case? \* Yes      No

If yes, include the date, location, reason, and resolution. \*

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Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? \* Yes      No  
 If yes, provide a description of the circumstances. \*

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**CONTACT INFORMATION FOR RADIATION SAFETY OFFICER (RSO) (Use additional pages if necessary):**

\*Provide a copy of Materials License you will operate under unit in IOWA.

First Name: *	Last Name: *
Phone Number: *	Email: *
License Number:	Business Name: *
Street Address: *	
City: *	State: *      Zip Code: *
Comments:	

**OPERATORS: List each operator details separately. (Use additional pages if necessary.)**

\*Provide a copy of Operator License

First Name	_____
Last Name	_____
Radiographer Card Number (If applicable)	_____
Radiographer Card Expiration Date	_____

First Name	_____
Last Name	_____
Radiographer Card Number (If applicable)	_____
Radiographer Card Expiration Date	_____

**RECIPROCITY JOB DETAILS: list each job details separately. (Use additional pages if necessary.)**

\*Provide Copy of Reciprocity Job Details.

RSO	_____
Source(s)	_____
Source(s) Activity	_____
Last Leak/Wipe Test	_____
Exposure Device(s)	_____
Client Company	_____
Client Site Address	_____
Client Company Contact Name	_____
Client Company Contact Phone number	_____
Direction to Job Site	_____
Work Start Date	_____
Work End Date	_____
Number of Days	_____

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions

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Typed/Printed Name

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Signature Certifying Officer

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Title

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Date