

Radioactive Materials Program
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Georgia Department of Natural Resources
 Environmental Protection Division, Air Protection Branch
 4244 International Parkway, Suite 120, Atlanta, Georgia 30354
 404-363-7000
 Judson H. Turner, Director

NOTIFICATION OF RECIPROCITY

DATE:	_____
REQUESTING COMPANY:	_____
CONTACT PERSON:	_____
TELEPHONE:	_____
ADDRESS:	_____
CITY/STATE/ZIP:	_____
LICENSED IN (STATE OF):	_____
LICENSE NUMBER:	_____
AUTHORIZED USER(S):	_____
RADIOGRAPHY¹:	Yes__No__ (please FAX or email a copy of certification card(s) with request.)
EMPLOYING COMPANY:	_____
ADDRESS:	_____
CONTACT PERSON:	_____
TELEPHONE:	_____
JOB LOCATION (Street Address)	_____
START DATE/END DATE:	_____
START TIME/END TIME:	_____
DEVICE NAME	#1 #2 #3
MODEL #	_____
SERIAL #	_____
SOURCE NAME	_____
ISOTOPE	_____
MODEL#	_____
SERIAL#	_____
LAST LEAK TEST RESULTS	(Attach additional information if required)

¹ The State of Georgia requires a certified two-person crew for radiography.