

ARKANSAS RECIPROCITY/RADIOACTIVE MATERIALS LICENSE # _____

1. NAME OF FIRM DOING JOB: _____ CALLER: _____
ADDRESS: _____ TELEPHONE #: _____
FAX #: _____

2. NAME OF PERSON(S) DOING JOB: _____ BEGIN DATE: _____
NAMES(S): _____ DURATION: _____
IN-STATE ADDRESS: _____ TYPE WORK: _____
TELEPHONE #: _____ EXACT LOCATION: _____

3. FEES PAID FOR CURRENT YEAR? YES _____ NO _____
RADIOGRAPHER-FIELD \$1000 _____ NUCLEAR GAUGES \$ 500 _____ Co-57 LEAD ANALYZER \$100 _____
WIRELINE (WELL LOGGER) 500 _____ CONSULTANT 100 _____ X-RAY TUBE 80 _____

4. NAME & ADDRESS OF FIRM FOR WHOM WORK IS BEING DONE: _____
5A. SOURCE
1. ISOTOP/ACTIVITY: _____
2. MANUFACTURER: _____
3. MODEL: _____
5B. SOURCE
1. ISOTOP/ACTIVITY: _____
2. MANUFACTURER: _____
3. MODEL: _____
5C. SOURCE HOLDER (FOR GAUGES)
1. MAUFACTURER: _____
2. MODEL: _____

6. IS A COPY OF LICENSE, CERTIFICATE OF REGISTRATION, OR EQUIVALENT DOCUMENT ON SITE? YES _____ NO _____

7. IS A COPY OF OPERATING AND EMERGENCY PROCEDURES ON SITE? YES _____ NO _____

8. RADIOGRAPHY ONLY: CERTIFYING STATE, CARD NUMBERS AND EXPIRATION DATE FOR EACH RADIOGRAPHER: