



NOTICE OF INTENT TO WORK IN THE STATE OF TEXAS UNDER RECIPROACITY

PRIOR TO PERFORMING RADIATION WORK IN TEXAS:

BRC Form 252-3 must be received by the Agency (via mail or fax) at least 3 days prior to using radioactive material (RAM) or x-ray producing devices in Texas. However, telephone notification to (512) 834-6770, ext. 2000 is permitted if entry into the state could not be anticipated. Any verbal or written notification must include all of the information requested below. You must have a valid Agency letter which grants reciprocal recognition of your license/certificate of registration. This Notice of Intent form may be obtained at: <http://www.dshs.state.tx.us/radiation/>

NOTIFICATON INFORMATION:

Company Name:		Materials License No.:	
Mail Address:		Issuing Agency/State:	
City/State/Zip:		X-Ray Registration No.:	
Corp/RSO Phone #:		Issuing Agency/State:	
Corp/RSO Email :			

Do you possess an Agency letter that grants reciprocal recognition of your license / registration? Yes _____ No _____

Person(s) Who Will Use RAM and/or X-Ray:	
Texas Hotel / Motel (Name) and Phone No.:	()

Radiographic Personnel Only: Are documented qualifications for each user on file with this Agency? Yes _____ No _____

Date You Were Notified of this Job: _____ Type of Activity: _____
Duration of Work: From _____ (date) to _____ (date). Total Work Days: _____
Customer Name: _____ City: _____
Customer Rep. in Charge of TX Job Site: _____ Phone: () - _____
Location of, and Directions to, the Job Site: _____
(Include Road/Street Names, Hwy. Nos., _____
Wellfield and Mileage Between Points.) _____

RADIOACTIVE MATERIAL and/or X_RAY DEVICE INFORMATION:

Radionuclide: _____ Activity: _____ X-Ray Manufacturer: _____
Sealed Source Model Number: _____ X-Ray Model No.: _____
Sealed Source Serial Number: _____ X-Ray Serial No.: _____
Source Holder/"Camera" Manufacturer: _____
Model Number: _____ Serial Number: _____
Date When Next Leak Test Due: _____

MAIL OR FAX FORM TO:
Inspection Unit, Radioactive Materials Group
Mail Code 1986
Texas Department of State Health Services
PO Box 149347
Austin TX 78714-9347
Telephone: (512) 834-6770 ext. 2000
FAX: (512) 834-6654
(Fax number is operational 24 hours per day.)

I hereby certify that all information on this "NOTICE" is true and complete.

Signed: _____ **Dated:** _____
Print Name: _____
Title: _____

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.state.tx.us> for more information on Privacy Notification. (Ref: Government Code, Section 552.021, 552.023, 559.003 and 559.004).