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

PRIOR TO PERFORMING RADIATION WORK IN TEXAS:

This notice, RC Form 252-3, must be received by the agency at least 3 working days prior (Monday-Friday) to engaging in an activity involving the use of radioactive material (RAM) or x-ray producing machines. You may request a waiver by telephone notification, (512) 834-6770, ext. 2000, if proper notice cannot be given due to the urgency of the service to be provided. Notification must include all of the information requested below. You must have a valid agency letter which grants reciprocal recognition of your license or certificate of registration prior to transport or use of RAM. This Notice of Intent form may be obtained at: http://dshs.texas.gov/radiation/

<table>
<thead>
<tr>
<th>Type of Notice:</th>
<th>INITIAL</th>
<th>UPDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td>Materials License No.:</td>
<td></td>
</tr>
<tr>
<td>Mail Address:</td>
<td>Issuing Agency/State:</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>X-Ray Registration No.:</td>
<td></td>
</tr>
<tr>
<td>RSO Phone #:</td>
<td>Issuing Agency/State:</td>
<td></td>
</tr>
<tr>
<td>RSO Name:</td>
<td>RSO Email:</td>
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</table>

Do you possess a Texas agency letter that grants reciprocal recognition of your license or registration? Yes_____ No_____

Industrial Radiographic Personnel: Are qualifications for each user on file with this agency? Yes_____ No_____

Type of activities to be performed under reciprocity authorization: _______________________________________________ ______

Persons who will use RAM and/or X-Ray:

Location where RAM will be stored (address):

<table>
<thead>
<tr>
<th>Dates Scheduled:</th>
<th>Scheduled Number of Work Days</th>
<th>Submit an update when the actual number of work days differs from the scheduled number of work days</th>
<th>Actual Number of Work Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td>To:</td>
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</table>

Client Name: ____________________________________________________________________________________________

City of Work Location: __________________________________________________________________________________

Client Representative at Work Location: __________________________ Client Phone #: __________________________

Physical Address of Work Location: ______________________________________________________________________

When there is no physical street address, include directions from nearest city or Hwy intersection with street names, distances, and zip code. Include GPS Coordinates when available.

RADIOACTIVE MATERIAL INFORMATION: X-RAY DEVICE INFORMATION:

Radionuclide: __________________________ Source 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: __________________________

Most recent Leak Test Date: __________________________

FAX FORM TO: (512) 834-6654

Fax number is operational 24 hours per day.

Telephone: (512) 834-6668

Documents containing sensitive information must be marked and protected in accordance with applicable security requirements.

We do not accept notices by e-mail

I hereby certify that all information on this "NOTICE" is true and complete. I understand that activities, including storage, are limited to a total of 180 days in a calendar year.

Signed: __________________________ Date: __________________________

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://dshs.texas.gov for more information on Privacy Notification. (Ref: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

RC Form 252-3 (rev. 5/24/2018)