



Rhode Island Department of Health

REPORT OF PROPOSED ACTIVITIES IN RHODE ISLAND
EXCEPT FOR AREAS UNDER EXCLUSIVE FEDERAL JURISDICTION

<i>Please read the instructions before completing this form</i>			
1. Name of licensee requesting reciprocity (person or firm proposing to conduct activities in RI)		2. Purpose of Report: <input type="checkbox"/> Notification of work scheduled <input type="checkbox"/> Revised Notification of work scheduled	
3. Rhode Island Radiation Control Agency Reciprocity License Number		License #:	
4. Client Name		5. Client Contact Person	
6. Client Address		7. Client Contact Telephone Number ()	
8. Actual Address of Work Location		9. Work Location Phone Number ()	
10. Licensee's Contact Name and Title	11. Contact telephone number ()	12. Contact fax number ()	13. Contact e-mail address
14. Activities to be conducted in Rhode Island (check all that apply)			
<input type="checkbox"/> Well Logging	<input type="checkbox"/> Leak Testing and/or Calibration Services	<input type="checkbox"/> Repair	
<input type="checkbox"/> Portable Gauges	<input type="checkbox"/> Radiography	<input type="checkbox"/> Decommissioning	
<input type="checkbox"/> Installation	<input type="checkbox"/> Scheduled Maintenance	<input type="checkbox"/> Waste Disposal	
<input type="checkbox"/> Source Exchange	<input type="checkbox"/> Decontamination	<input type="checkbox"/> Other _____	
15. Licensee personnel authorized to perform scheduled work (If licensee is authorize individual users, also include a copy of internal authorization document)			
16. List radioactive material, which will be possessed, used, installed, serviced, or tested (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)			
17. Dates work is scheduled (mm/dd/yyyy) From: To:		18. Number of work days scheduled for this work	19. Total Work Days in RI this year
20. CERTIFICATION (MUST BE COMPLETED BY APPLICANT):			
I, the undersigned, hereby certify that:			
i. All information in this report is true and complete.			
ii. I have read and understand the provisions of the General License in Section C.6.1 of the Rules and Regulations for the Control of Radiation. I understand that I am to comply with these provisions as to all radioactive material which I possess and use in Rhode Island under the General License for which this report is filed with the Radiation Control Agency (RCA).			
iii. I understand the activities including storage, conducted in Rhode Island under the General License in Section C.6.1 of the Rules and Regulations for the Control of Radiation are limited to 180 days in any calendar year.			
iv. I understand that I may be inspected by the RCA at work site locations for activities performed in Rhode Island.			
v. I understand that conduct of any activities not described above, including conduct or activities on dates or locations different than those submitted to the Agency or without Agency authorization may subject me to enforcement action.			
20a. CERTIFYING OFFICER - RSO or Management Representative (Print Name and Title)			
20b. CERTIFYING OFFICER's Signature		20c. Date	
WARNING: False statements in this application may be subject to civil and/or criminal penalties. RCA regulations require that submission to the Agency be complete and accurate in all material respects.			
FOR RCA USE ONLY	REVIEWING OFFICIAL (Typed/ Printed Name and Title)	SIGNATURE	DATE



**REPORT OF PROPOSED ACTIVITIES IN RHODE ISLAND
EXCEPT FOR AREAS UNDER EXCLUSIVE FEDERAL JURISDICTION**
[Form MAT-9N Instructions (12/2010)]

PLEASE READ THIS INFORMATION AND THESE INSTRUCTIONS BEFORE COMPLETING FORM MAT-9N

Section C.6.1 of the Rules and Regulations for the Control of Radiation (Regulations) establishes a General License authorizing any person who holds a specific license from the U.S. Nuclear Regulatory Commission (NRC) or Agreement State to conduct the same activity in Rhode Island, except for areas under exclusive Federal jurisdiction¹, if the specific license does not limit the authorized activity to specified locations or installations.

INSTRUCTIONS

Licensees cannot perform work in Rhode Island without first filing (a) Form MAT-9I Initial Application for Reciprocity in accordance with Section C.6.1 of the Regulations and (b) Report of Proposed Activities in Rhode Island Except for Areas under Exclusive Federal Jurisdiction or (c) applying for a specific RI Radiation Control Agency (Agency) license. After a reciprocity license has been issued by the State of Rhode Island Department of Health Radiation Control Program, a Form MAT-9N (*Report of Proposed Activities in Rhode Island Except for Areas under Exclusive Federal Jurisdiction*) must be submitted at least three days prior to performing reciprocity activities in the State of Rhode Island.

In completing Form MAT-9N, (*Report of Proposed Activities in Rhode Island Except for Areas under Exclusive Federal Jurisdiction*) it is important that the information submitted be specific regarding the location and date of use as well as the activity requested. If the information provided is not complete, there may be a delay in the approval process for approval of conducting reciprocity activities in the State of Rhode Island until the information is provided.

Item 1: Name of the licensee. This should be the same as appears on the Agreement State or NRC specific license.

Item 2: Purpose of report (check either notification of work scheduled or revised notification of work scheduled).

Item 3: Rhode Island Radiation Control Agency Reciprocity License Number (Number indicated on your reciprocity license issued by the Agency).

Item 4: Name of client where reciprocity work is to be performed.

Item 5: Licensee's client contact person.

Item 6: Licensee's client address.

Item 7: Licensee's client contact phone number.

Item 8: Actual Street address and City where the work is physically going to be performed.

Item 9: Phone number for client work location/ job site.

Item 10: Licensee's contact name and title.

Item 11: Licensee's contact telephone number.

Item 12: Licensee's contact facsimile number.

Item 13: Licensee's contact e-mail address.

¹ An area under exclusive Federal jurisdiction is an area over which the Federal government exercises legal control without interference from the jurisdiction and administration of State law. For example: If the work is to be performed on Federal property in Rhode Island, the licensee must first determine the jurisdictional status of the area where the licensee plans to work. If the jurisdictional status of the work site is unknown to the licensee, the licensee should contact the Federal agency that controls the facility where the work is to be performed. A written statement concerning the jurisdictional status is not required in order to file for reciprocity. However, it is recommended that the licensee obtain such a statement for the file for future reference and inspection purposes.

Item 14: Check all categories that apply to the licensee's proposed activities in Rhode Island. The Agreement State or NRC specific license must authorize all activities for which reciprocity is requested.

Item 15: Licensee's personnel who will be performing reciprocity work.

Item 16: List of radioactive materials, types, activities, sources, and devices to be used/worked on for this reciprocity work. (Use additional sheet(s) if necessary.)

Item 17: Start and end date for job being reported under this notification.

Item 18: Total number of days anticipated for this job.

Item 19: Total work and storage days in RI this year.

Item 20: Application certification.

Item 20a: Printed name and title of the licensee's management representative certifying to the accuracy of the information contained on the application form.

Item 20b: Signature of the licensee's management representative certifying to the accuracy of the information contained on the application form.

Item 20c: Signature date.

Under the General License, reciprocity activities are authorized only as long as the licensee holds a valid radioactive material license. If the license expires during the year, an extension letter or a renewed license issued by the regulating agency must be submitted to the Agency before performing any additional work under reciprocity.

NRC or Agreement State licensees seeking to conduct activities under Reciprocity should file all required information with the Agency at the following location:

Rhode Island Department of Health, Office of Facilities Regulation, Radiation Control Program; 3 Capitol Hill - Room 305; Providence, RI 02908-5097

Phone: (401) 222-2566; **FAX:** (401) 222-5901.