

Kansas Department of Health and Environment Reciprocity Notification: Radioactive Materials

- **Reciprocity:** You may apply for a reciprocal license with the State of Kansas if you possess a specific license issued by the NRC or another agreement state. You must attach a copy of that specific license to your application for reciprocity.
- **Notification:** You must fill out this form and send it in with the reciprocity fee of \$750.00 to our office at the address listed below.
- **Fee:** The fee is required the first time you come in the state each year. If approved, you will receive a reciprocity license that will be good until December 31st. Note: You are allowed to work in Kansas under reciprocity for **180 days**, which need not be continuous. If you exceed the **180 day limit** then you will be required to apply for a specific license with the State of Kansas.
- **When can you start work?** KDHE must receive this form **five days** before you start the work. If you have a hardship, like your client not providing you with five days notice, you may request a waiver of the five day notification requirement. You **MUST** have a reciprocity license before beginning work in Kansas. ***Work performed without a reciprocity license will be considered non-compliance of the Kansas radiation protection regulations and may be subject to civil penalties.***
- **Regulations:** These rules are found in the Kansas Administrative Regulations (K.A.R), 28-35-194a and 28-35-147a. A link to the regulations can be found on the web site at <http://www.kdheks.gov/radiation/regs.html>
- **Inspection:** Have the following documents and records available at the job site for inspection by the department: operating and emergency procedures; survey records required for the period of operation at the site; evidence of current calibration for each radiation survey instrument in use at the site; copy of the Kansas reciprocity license; copy of the NRC or agreement state specific license; and shipping papers for transportation of radioactive material.

Where to send your application:

Kansas Department of Health and Environment
Radiation Control Program: Reciprocity
1000 SW Jackson, Suite 330
Topeka, KS 66612-1365
Fax: 785-559-4251
email: kdhe.radreciprocity@ks.gov

Questions about reciprocity?

email kdhe.radreciprocity@ks.gov or

Contact KDHE, Radiation Control Program at 785-296-1560



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Company Performing Work

Company Name

Street Address

City

State

Zip Code

Phone

Fax

Email address

Radiation Safety Officer

RSO Phone

Authorized User(s)

Reference License Number

Device(s) Manufacturer and Model

**Source material
and activity**

**Number of source(s)brought
into Kansas**

Date Last Leak/Wipe Test(s)

Kansas Customer Information

Company Name

Street Address

City

Zip Code

Phone

Fax

Work Request Date

Hardship Request? Explain Here

Work Begin Date

Work End Date

Type of Work

**Job site location and driving
directions (Provide GPS
coordinates if known)**

Printed Name

Title

A signature is required. If the authorized user(s) included on this application are not listed on the license, the RSO is required to sign this application or provide documentation of training, which shall be attached.

Signature: _____ **Date:** _____