



**BUREAU OF ENVIRONMENTAL HEALTH AND RADIATION PROTECTION**  
**Agreement State Program**

**Filing for a Reciprocity Authorization for Proposed Activities in Ohio**  
**Licensed by the NRC or Other Agreement States**

*PLEASE READ THE INFORMATION AND INSTRUCTIONS CONTAINED ON THIS COVER SHEET  
BEFORE COMPLETING, "RECIPROCITY APPLICATION AND NOTIFICATION FORM" HEA 5522 (9/24)*

For NRC or other Agreement State licensees seeking to conduct activities in Ohio under reciprocity for the first time in a calendar year (January 1 through December 31), a licensee must submit a completed form HEA 5522 and a copy of the Agreement State or NRC specific license you wish to have recognized for your work in Ohio. The Bureau of Environmental Health and Radiation Protection (Bureau) must receive this filing at least three days before the licensee engages in activities permitted under reciprocity authorization.

**PLEASE NOTE: Ohio no longer requires the fee for reciprocity be submitted with the reciprocity application.** An invoice will be issued upon receipt of a reciprocity application.

Filing of an application for a reciprocity authorization may be done by facsimile, mail, or e-mail. Send the completed form HEA 5522 and a copy of the NRC or Agreement State license referenced. Submission by email is the fastest method for submitting and processing the request.

If the licensee is unable to provide three days advance notice due to an emergency or other reasons, the Bureau may, **at its own discretion**, waive the time requirements specified above for the filing, provided the licensee:

- Informs the Bureau on-line, by telephone, facsimile, or e-mail of initial activities or revisions to the information on the original submission (e.g., additional locations of work or changes to the radioactive material or work activities);
- Receives written authorization for the activity from the Bureau; and
- Submits the original form HEA 5522, a copy of the Agreement State or NRC license, and any required attachments within three (3) days after the telephone or other notification.

NRC and other Agreement State licensees seeking to conduct activities in Ohio under a reciprocity authorization should file form HEA5522 and supporting documents by one of the following methods:

**BY FACSIMILE:**

Ohio Department of Health  
Bureau of Environmental Health and  
Radiation Protection  
Attn: Reciprocity Supervisor  
FAX No. (614) 466-0381

**BY MAIL:**

Ohio Department of Health  
Bureau of Environmental Health and  
Radiation Protection  
Attn: Reciprocity Supervisor  
246 North High Street  
Columbus, Ohio 43215

**BY EMAIL:**

[BRadiation@odh.ohio.gov](mailto:BRadiation@odh.ohio.gov)  
Attn: Reciprocity Supervisor

**NOTE:** Activities, including storage, conducted in Ohio under a reciprocity authorization, are limited to a total of 180 days in any calendar year. Failure to file a reciprocity application and/or notification form for work in Ohio may result in civil or criminal penalties.

**NOTE:** Inspections by the Bureau of activities performed by NRC or other Agreement State licensees operating in Ohio under a reciprocity authorization may be conducted at the listed work site locations. The licensee will be responsible for any fees associated with such inspections, as delineated in rule 3701:1-38-02 of the Ohio Administrative Code.

## **INSTRUCTIONS FOR COMPLETING FORM HEA 5522 (Rev. 9/24)**

Failure to complete the form in its entirety may result in a delay in processing.

### **Application Information** (Note: Items 1 – 8 are required for the initial application AND for notifications.)

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

Item 2 – Check if this form is being submitted as an initial application and/or for notification of work in Ohio.

Item 3 – Licensee's complete mailing address for all correspondence. This should be the same as appears on the Agreement State or NRC specific license.

Item 4 – Licensee's complete billing address, if different from mailing address provided in item 3. Indicate "SAME" if applicable.

Item 5 – Licensee's Contact Information

- 5.a – Contact's name and title
- 5.b – Contact's telephone number
- 5.c – Contact's fax number
- 5.d – Contact's e-mail address

Item 6 – Check all categories that apply to the licensee's proposed activities in Ohio. Decommissioning or Waste Disposal services should be indicated under 'Other.' The Agreement State or NRC specific license must authorize all activities for which reciprocity is requested.

Item 7 - Agreement State or NRC specific license information

- 7.a – License number
- 7.b – Most recent amendment number
- 7.c – Issuing agency (use 2-letter state abbreviation or NRC)
- 7.d – Expiration date of the Agreement State or NRC specific license (Indicate if in timely filed renewal status)
- 7.e – Licensee's Federal Tax ID Number (DO NOT use a social security number. If no Tax ID number, contact the Bureau for further instructions)

Item 8 – Application Certification

- 8.a – Name and title of licensee's management representative certifying to the accuracy of the information contained on the application and/or notification form.
- 8.b – Signature of licensee's management representative certifying to the accuracy of the information contained on the application and/or notification form.
- 8.c – Signature date.

### **Notification Information**

Item 9 – Name of Client where reciprocity work is to be performed.

Item 10 – Client contact person name.

Item 11 – Client address.

Item 12 – Phone number for Client contact person.

Item 13 – Street address or directions to Client's job location. Use additional sheet(s) if necessary.

Item 14 – Licensee's personnel who will be performing reciprocity work.

Item 15 – Phone number for client work location/job site.

Item 16 – Start and end date for job being reported under this notification.

Item 17 – Total number of days anticipated for this job.

Item 18 – Total number of days for the calendar year (January 1 – December 31) spent in Ohio up to the date of this notification.

Item 19 – List of radioactive materials, types, activities, sources, and devices to be used/worked on for this reciprocity work. Use additional sheet(s) if necessary.



# Reciprocity Application and Notification

Please read accompanying instructions before completing this form.

1. Name of licensee requesting reciprocity (person of firm proposing to conduct activities in Ohio)		2. Purpose of report <input type="checkbox"/> Initial application for reciprocity (complete items 1-8) <input type="checkbox"/> Notification of work scheduled (complete items 9-19)	
3. Mailing address of licensee (mailing address or other location where license may be located)			
4. Billing address of licensee (if separate from mailing address)			
5.a Licensee's Contact Name and Title	5.b Contact telephone number	5.c Contact fax number	5.d Contact e-mail address
6. Activities to be conducted in Ohio (check all that apply): <input type="checkbox"/> Well logging <input type="checkbox"/> Leak Testing and/or calibrations <input type="checkbox"/> Repair <input type="checkbox"/> Mobile HDR <input type="checkbox"/> Mobile nuclear medicine <input type="checkbox"/> Portable gauges <input type="checkbox"/> Scheduled maintenance <input type="checkbox"/> Installation <input type="checkbox"/> Decontamination / decommissioning / waste disposal <input type="checkbox"/> Radiography <input type="checkbox"/> Source exchange <input type="checkbox"/> Other (specify): _____			
7. Agreement State or NRC specific license which authorizes the licensee to conduct activities which are the same, except for location of use, as specified in item 6 above. (A copy of the specific license(s) must accompany the initial application form, unless sent by facsimile)			
7.a License number	7.b Most recent amendment number	7.c Agreement State (2-letter abbrev.) or NRC	7.d Expiration Date <input type="checkbox"/> Renewal timely filed and attached?
7.e Licensee Tax ID number			
8. Certification (must be completed by applicant) I, the undersigned, hereby certify that: a. All information in this report is true and complete. b. I understand that I am required to comply with Ohio law as to all byproduct, source, special nuclear, naturally occurring, or accelerator-produced radioactive material which I possess and use in Ohio, under reciprocity for which this report is filed with the Department of Health, Bureau of Radiation Protection. c. I understand that activities, including storage, conducted in Ohio under another Agreement State, NARM-licensing state or NRC license based in non-agreement states, are limited to a total of 180 days in any calendar year (January 1, 2XXX through December 31, 2XXX). d. I understand that I may be inspected by the Bureau at the listed work site locations provided to the Bureau with a notification of work scheduled. I am also aware that I will be responsible for any fees associated with such inspections. I further understand that such notification of work scheduled in Ohio must be provided to the Bureau no less than three (3) days in advance of the scheduled start date. e. I understand that conduct of any activities not described herein, including conduct of activities on dates or at locations different from those described below or without Bureau authorization, may subject me to enforcement action, including civil or criminal penalties.			
8.a Certifying Officer - RSO or Management Representative (print name and title)		8.b Certifying Officer's Signature	8.c Date
The applicant and any official executing this application on behalf of the applicant named above certifies that this application is prepared in conformity with chapter 3748 of the Ohio Revised Code, and that all information contained herein, including any supplements or attachments contained herein or any future notifications of work scheduled in Ohio under this Reciprocity License, are true and correct to the best of our knowledge and belief.			

## NOTIFICATION OF WORK SCHEDULED IN OHIO (Minimum of 3 days advance notice is required)

9. Client name		10. Client contact person
11. Client address		12. Client contact telephone number
13. Work location address (Street and number or other location. Provide as complete an address or directions as possible.)		
14. Licensee personnel authorized to perform scheduled work		15. Work location telephone number
16. Dates work is scheduled (mm/dd/yyyy) From:                      To:	17. Number of work days for this scheduled work	18. Total work days in Ohio this calendar year
19. List radioactive material(s) which will be possessed, used, installed, serviced or tested in Ohio under this scheduled work. Include description of type and activity of radioactive material, sealed source(s), or device(s) to be used.		