



**STATE OF TENNESSEE  
DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF RADIOLOGICAL HEALTH  
WILLIAM R. SNODGRASS TENNESSEE TOWER, 15TH FLOOR  
312 ROSA L. PARKS AVENUE  
NASHVILLE, TENNESSEE 37243**

**REQUEST FOR RECIPROCAL OPERATION IN TENNESSEE**

Company making the request: \_\_\_\_\_

P.O. Box / Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Person Making this Request: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_\_ FAX: (\_\_\_\_) - \_\_\_\_\_

License number: \_\_\_\_\_ State: \_\_\_\_\_ Copy provided during Calendar Yr. \_\_\_\_\_

Job Location: \_\_\_\_\_

Customer's Contact Name: \_\_\_\_\_ Telephone: (\_\_\_\_) - \_\_\_\_\_

Customer's Company Name: \_\_\_\_\_

Customer's Company Address: \_\_\_\_\_

Customer's Company Telephone: (\_\_\_\_) - \_\_\_\_\_ FAX: (\_\_\_\_) - \_\_\_\_\_

Job Period: \_\_\_\_\_  
(The Specific Date(s) of Entry and Exit must be provided)

Operator: \_\_\_\_\_ Assistant Operator: \_\_\_\_\_

Isotope source(s)

Isotope	Curies	Equipment Model number	Manufacturer

Description of work to be performed: \_\_\_\_\_

**~~79FH~~ ~~75HCB~~**

The applicant, and any official executing this certificate on behalf of the applicant named above, certify that the information in this application is true and correct to the best of our knowledge.

Date: \_\_\_\_\_

Signature of certifying official

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Printed name and title

RDA 2902