

ILLINOIS RECIPROCITY NOTIFICATION

Date of Notification: _____
(should be at least 3 days in advance of job date, 10 if no previous authorization is in place)

Applicant/Registrant Information:

Certifying Officer: _____ Phone: _____

Name of Licensee: _____

Address of Licensee: _____

Contact person on site: _____

Licensing Authority: _____ License Number: _____

Expiration date: _____ Amendment Number: _____

Previously assigned Illinois reciprocity number (if applicable) _____

Client/Jobsite Information:

Dates of work at temporary jobsite: start date: _____ # days: _____

Facility Name: _____

Location/Address: _____

Contact: _____ Phone: _____

Proposed Use: _____

Device/Source Information:

Device Manufacturer: _____

Device Model Number(s): _____ Radionuclide(s): _____

Source Model Number(s) : _____ Activity (mCi): _____

**NOTE: Reciprocity Authorization is for no more than 180 days of use in a 12-month period.
DO NOT send payment with notification. Please wait to be billed, if authorization is granted.**

If Industrial Radiography, list (or attach) radiographer name(s) and Illinois certification number(s):

Please provide copy of your license with the initial request, upon license amendment or upon its renewal.

Email this form to ema.speclic@illinois.gov

Illinois Emergency Management Agency
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Springfield, IL 62704-4462

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