



RHODE ISLAND RADIATION CONTROL AGENCY

**INITIAL APPLICATION FOR PROPOSED ACTIVITIES IN RHODE ISLAND
EXCEPT FOR AREAS UNDER EXCLUSIVE FEDERAL JURISDICTION**

Please read the instructions before completing this form

1. Name of licensee requesting reciprocity (person or firm proposing to conduct activities in RI)

2. Mailing address of licensee

3. Billing address of licensee (if different from mailing address)

4. Licensee's contact name and title

5. Contact phone number

6. Contact fax number

7. Contact e-mail address

8. Activities to be conducted in Rhode Island (check all that apply)

<input type="checkbox"/>	Portable gauges (including XRF)	<input type="checkbox"/>	Leak testing and/or calibration services	<input type="checkbox"/>	Decontamination/Decommissioning
<input type="checkbox"/>	Radiography	<input type="checkbox"/>	Installation/Scheduled maintenance/Repair	<input type="checkbox"/>	Waste disposal
<input type="checkbox"/>	Source exchange	<input type="checkbox"/>	Other (Specify)		

9. 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 8 above. (A copy of the specific license(s) must accompany the initial application form, unless sent by facsimile)

License number & most recent amendment number

Agreement State (2 letter abbreviation) or NRC

Expiration Date Timely Renewal?

10. **CERTIFICATION** (*Must be completed by applicant*)

I, the undersigned, hereby certify that:

- a. All information in this report is true and complete.
- b. I have read and understand the provisions of the General License in § 7.10.1(A) of 216-RICR-40-20, *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 RI Radiation Control Agency (Agency).
- c. I understand the activities including storage, conducted in Rhode Island under the General License in § 7.10.1(A) of 216-RICR-40-20, *Radiation* are limited to 180 days in any calendar year.
- d. I understand that I may be inspected by the Agency at work site locations for activities performed in Rhode Island.
- e. 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.

Approved by RSO or Management Representative (Print Name and Title)

Date

WARNING: False statements in this application may be subject to civil and/or criminal penalties. Agency regulations require that submissions to the Agency be complete and accurate in all material respects.

FEIN Number: (Federal Employer Identification Number) **Note:** If you are a sole proprietor this number may be your social security number

Pursuant to Chapter 5-75 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have all required state tax returns and paid all taxes due the state or must have entered into a written installment to pay delinquent state taxes that is satisfactory to the Tax Administrator. Please provide the FEIN/SSN for this license:

FOR AGENCY 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-9I (January 2019) - Instructions**

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

§ 7.10.1(A) of 216-RICR-40-20, *Radiation* (Agency regulations) establishes a General License authorizing any person who holds a specific license from the U.S. Nuclear Regulatory Commission (NRC) or another 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.

Licensees cannot perform work in Rhode Island without first filing Form MAT-9I (*Initial Application for Reciprocity*) **and** Form MAT-9N (*Report of Proposed Activities in Rhode Island Except for Areas under Exclusive Federal Jurisdiction*) in accordance with § 7.10.1(A) of the Agency regulations **or** by applying for a specific RI Radiation Control Agency (Agency) license. After a reciprocity license has been issued by the Agency, a new Form MAT-9N must be submitted at least three days (3) prior to performing each subsequent reciprocity activity in the State of Rhode Island.

INSTRUCTIONS

In completing Form MAT-9I, it is important that the information submitted be as complete and accurate as possible. The licensee is responsible for providing additional information as revisions or clarifications as soon as such information becomes available. If the information provided is not complete, there may be a delay in the process of approval for conducting reciprocity activities in the State of Rhode Island until the information is provided.

Most of the information required on Form MAT-9I should be self-explanatory. However, the following items may require some additional clarification.

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

Item 8: 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. Licensees should be advised that the documents containing sensitive information must be marked and protected in accordance with any applicable security requirements. This applies to information transmitted to and from the Agency as well as maintained for record keeping purposes.

Item 9: List the issuing Agreement State (or NRC), license number and current amendment number which authorizes the activities requested in Item 8. If not specifically noted on the license, please provide confirmation from the issuing Agreement State (or NRC) if the license is in timely renewal status. Attach a complete copy of the current license.

Item 10: Application certification requires the printed name and title of the licensee's management representative certifying to the accuracy of the information contained on the Form MAT-9I, the signature of the licensee's management representative certifying to the accuracy of the information contained on the Form MAT-9I and the date the certification was signed.

Please also attach the FEIN/SSN form documenting compliance with Chapter 5-75 of the Rhode Island General Laws, as amended.

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 to file for reciprocity. However, it is recommended that the licensee obtain such a statement for the file for future reference and inspection purposes.

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Form MAT-9I (January 2019) - Instructions

NOTE:

- **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.**
- **Inspections by the Agency of activities performed in Rhode Island by NRC or Agreement State licensees operating under the General License will be conducted at the listed work site location(s). Failure to file an Agency Form MAT-9N may result in the issuance of a statement of deficiencies or other enforcement actions.**

All required information must be submitted to Agency at the following location:

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

Phone: (401) 222-2566; **FAX:** (401) 222-3999.