



**RHODE ISLAND RADIATION CONTROL AGENCY**  
**REPORT OF 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. Purpose of report  |
|   | <input type="checkbox"/> Notification of work scheduled         |
|   | <input type="checkbox"/> Revised Notification of work scheduled |

3. Rhode Island Radiation Control Agency Reciprocity License Number:

|                                      |                         |                |                           |
|--------------------------------------|-------------------------|----------------|---------------------------|
| 4. Licensee's contact name and title | 5. Contact phone number | 6. Contact fax | 7. Contact e-mail address |
|--------------------------------------|-------------------------|----------------|---------------------------|

|                |                          |
|----------------|--------------------------|
| 8. Client name | 9. Client contact person |
|----------------|--------------------------|

|                    |                                 |
|--------------------|---------------------------------|
| 10. Client address | 11. Client contact phone number |
|--------------------|---------------------------------|

|   |  |
|---|--|
| 12. Actual physical address of work location (include GPS coordinates if known) | 13. Work location phone number<br>Office <span style="float:right">Cell</span> |
|---|--|

14. Licensee personnel authorized to perform scheduled work (If licensee is authorized to name individual users, also include a copy of internal authorization document)

15. 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)                           |  |

16. List radioactive material, which will be possessed, used, installed, serviced, or tested (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)

|  |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| 17. Dates scheduled (mm/dd/yyyy)<br>From <span style="float:right">To</span> | 18. Number of work days scheduled | 19. Total work days in RI this year |
|--|-----------------------------------|-------------------------------------|

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

I, the undersigned, hereby certify that:

- All information in this report is true and complete.
- 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).
- 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.
- I understand that I may be inspected by the Agency at work site locations for activities performed in Rhode Island.
- 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)

Signature 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.**

|                            |   |           |      |
|----------------------------|---|-----------|------|
| <b>FOR AGENCY USE ONLY</b> | 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-9N (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 jurisdiction<sup>1</sup>, 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-9N, it is important that the information submitted be specific regarding the location(s) and date(s) of use as well as the activity requested. If it is not possible to provide complete information, such as addresses for the locations of work, the licensee should contact the Agency to discuss proposed work activities. 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-9N 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 12:* Provide the physical address where the work is going to be performed. In addition, licensees should provide driving directions for locations of work without physical addresses or in remote locations. If known, licensees should include Global Positioning System (GPS) coordinates.
- Item 15:* 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 16:* List of radioactive materials, types, activities, sources, and devices to be used/worked on for this reciprocity work. Licensees should identify the specific make and model numbers of sealed sources and devices. (Use additional sheet(s) if necessary.)
- Items 17-19:* Under the General License, reciprocity activities, including storage (usage), conducted in Rhode Island, are limited to a total of 180 days in any calendar year. The Agency tracks reciprocity usage based on approved usage days. The Agency will not approve any activity under the General License which causes the total usage days to exceed 180 days. The Agency may note and notify the licensee that a filing proposes reciprocity activities which approach or would exceed the 180-day limit. It is important that licensees track the days of use and clarify or delete dates of work when applicable.

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<sup>1</sup> 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-9N (January 2019) - Instructions**

Item 17 should reference the proposed beginning and ending dates of work for each work location, with the total number of days worked in RI for the current calendar year recorded in Item 19.

*Item 20:* 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-9N, the signature of the licensee's management representative certifying to the accuracy of the information contained on the Form MAT-9N and the date the certification was signed.

**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.