

**ARKANSAS DEPARTMENT OF HEALTH  
RADIOACTIVE MATERIALS PROGRAM  
ARKANSAS RECIPROCITY RADIOACTIVE MATERIALS LICENSE # \_\_\_\_\_**

**NOTICE OF ENTRY**

**PHONE: 501-661-2173  
FAX: 501-661-2849  
EMAIL: adh.ram@arkansas.gov**

1. NAME OF FIRM DOING JOB: \_\_\_\_\_

CALLER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

2. NAME OF PERSON(S) DOING JOB: \_\_\_\_\_

BEGIN DATE: \_\_\_\_\_

NAME(S): \_\_\_\_\_

DURATION: \_\_\_\_\_

IN-STATE ADDRESS: \_\_\_\_\_

TYPE WORK: \_\_\_\_\_

TELEPHONE/CELLULAR #: \_\_\_\_\_

EXACT LOCATION/GPS: \_\_\_\_\_

DIRECTIONS TO JOB-SITE: \_\_\_\_\_

3. FEES PAID FOR CURRENT YEAR? YES \_\_\_\_\_

NO \_\_\_\_\_

RADIOGRAPHER-FIELD \$ 3,855 \_\_\_\_\_

NUCLEAR GAUGES \$ 720 \_\_\_\_\_

MEASURING/ANALYTICAL DEVICES \$ 720 \_\_\_\_\_

WIRELINE (WELL LOGGER) \$ 1,500 \_\_\_\_\_

CONSULTANT \$ 2,145 \_\_\_\_\_

NORM REMEDIATION \$ 2,500 \_\_\_\_\_

4. NAME & ADDRESS OF FIRM FOR WHOM WORK IS BEING DONE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.B. SOURCE

1. ISOTOPE/ACTIVITY: \_\_\_\_\_

2. MANUFACTURER: \_\_\_\_\_

3. MODEL: \_\_\_\_\_

5.A. SOURCE

1. ISOTOPE/ACTIVITY: \_\_\_\_\_

2. MANUFACTURER: \_\_\_\_\_

3. MODEL: \_\_\_\_\_

5.C. SOURCE HOLDER (FOR GAUGES)

1. MAUFACTURER: \_\_\_\_\_

2. MODEL: \_\_\_\_\_

6. IS A COPY OF LICENSE, CERTIFICATE OF REGISTRATION, OR EQUIVALENT DOCUMENTS ON-SITE? YES \_\_\_\_\_ NO \_\_\_\_\_

7. IS A COPY OF OPERATING AND EMERGENCY PROCEDURES ON-SITE? YES \_\_\_\_\_ NO \_\_\_\_\_

8. RADIOGRAPHY ONLY - INCLUDE CERTIFYING STATE, CARD NUMBERS AND EXPIRATION DATE FOR EACH RADIOGRAPHER:

\_\_\_\_\_  
\_\_\_\_\_