

NJRAD FORM-241 (Revised 11/25)
RECIPROCITY APPLICATION FORM

NJ DEP Radioactive Materials - Agreement State Program
 P.O. Box 420 (Mail Code 25-01)
 Trenton, NJ 08625-0420
 T (609) 984-5462
 Email: NJReciprocity@dep.nj.gov
 Website: www.agreementstate.nj.gov
 [Instructions link]



REPORT OF PROPOSED ACTIVITIES WITHIN NEW JERSEY JURISDICTIONAL BOUNDARIES

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)

2. Type of Report

Annual New Job Modify

3. ADDRESS OF LICENSEE

4. LICENSEE CONTACT AND TITLE

5. TELEPHONE NUMBER

6. EMAIL ADDRESS

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN N.J.A.C. 7:28-62.1 (See 10 CFR 150.20)

SERVICE PROVIDER LEAK TESTING AND/OR CALIBRATIONS IRRADIATOR SERVICE
 PORTABLE GAUGES WELL LOGGING
 RADIOGRAPHY OTHER - Specify: _____

LOCATIONS OF USE - LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S)

8. CLIENT NAME & ADDRESS

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION Including Zip Code

10. CLIENT TELEPHONE #

11. WORK LOCATION TELEPHONE #

Client Contact Name:

12. DATES SCHEDULED

13. # OF WORK DAYS

14. ADD

15. DELETE

16a. PROGRAM CODE

16b. PROGRAM Interest #

FROM:

TO:

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED
 (Include description of type and quantity of radioactive material, sealed sources, and devices to be used.)

18. NRC or AGREEMENT STATE SPECIFIC LICENSE
 (One copy must accompany the Annual NJRAD FORM 241)

LICENSE NUMBER

STATE

EXPIRATION DATE

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

WARNING: False statements in this certificate may be subject to civil and/or criminal penalties.

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 [N.J.A.C. 7:28-62.1 \(see 10 CFR 150.20\)](#) and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use within the jurisdiction of New Jersey, under the general license for which this report is filed with the NJDEP Bureau of Environmental Radiation.
- I understand that activities, including storage, conducted in New Jersey under general license N.J.A.C. 7:28-62.1 (see 10 CFR 150) are limited to a total of 180 days in calendar year.
- I understand that I may be inspected by NJDEP Bureau of Environmental Radiation at the above listed work site locations and at the Licensee home office address for activities performed within the jurisdiction of New Jersey.
- I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NJDEP Bureau of Environmental Radiation authorization, may subject me to enforcement action, including civil or criminal penalties.

I have read and understand all the provisions above and certify that all the information on this form is true and accurate.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title)

SIGNATURE

DATE

FOR NJDEP USE ONLY

REVIEWING OFFICIAL (Name and Title)

SIGNATURE

DATE

TOTAL USAGE -- DAYS TO DATE