



State of Colorado
Department of Public Health & Environment
Application for X-Ray Reciprocity Request

INSTRUCTIONS: Please provide all information requested on this form. Mail the original completed form with all attachments to the Colorado Department of Public Health and Environment, HMWMD-B1-XRC, 4300 Cherry Creek Drive South, Denver, Colorado 80246-1530. Or email a copy of the completed form with all attachments to cdphe_xray_qisc@state.co.us. Please retain a copy of the completed application request form for your records. All registrations/reciprocity requests for radiation machines are issued in accordance with the requirements contained in the Colorado Department of Public Health and Environment, *Rules and Regulations Pertaining to Radiation Control*, 6 CCR 1007-1, Part 2, 2.8 If additional information is required to complete this form, please call (303) 692-3448.

Company Name:	Phone Number:
Contact Name and Title:	Fax Number:
Address:	Email:
City, State, Zip Code:	Registration Issued by:
Type of Machine: (i.e., Industrial Radiographic, Analyzer, or security scanner)	Registration Expiration Date:
Manufacturer:	Control Model No.:
Control Serial No.:	Tube Serial No.:

Proposed Location of Use or Employment:

Site Identification:	Client Phone Number:
Address/Location:	Client Fax Number:
County:	Client Email:
City:	Date Entering Colorado:
Client Contact Person:	Date Leaving Colorado:
Number of previous days of use in Colorado this year:	Intended Use:

Operator Information: (Person responsible for use and operation of the machine while in Colorado)

Operator Name:	Phone Number: (in Colorado)
Address of Operator:	Operator Registration No.:
City, State, Zip Code:	Registration issued by:

As an authorized representative of the above company, I certify that a copy of all applicable parts of the Colorado *Rules and Regulations Pertaining to Radiation Control* (Regulations) will be available at each use location in Colorado; each machine has been evaluated and determined to be in compliance with these, or equivalent, regulations and that the operation of each radiation producing machine will be in accordance with the applicable requirements of these Regulations. I have attached documentation showing that:

_____ The radiation machine(s) has been evaluated in accordance with the Regulations, or other state's regulations that are equivalent, that the machine(s) complies with the manufacturer's recommended specifications, and that the operator has been adequately trained as required in 6 CCR 1007-1, Part 2, 2.6.1.1 through 2.6.1.15. Machine evaluations will have been performed within one year prior to entry into Colorado or as required in Part 2, 2.5.

_____ Additionally, I have provided the information requested in 6 CCR 1007-1, Part 6, Appendix F of the Regulations if conducting a healing arts program.

Signature of Responsible Person

Date

For Office Use Only

Approval/Review/Recommendations: _____ Approval _____ Denial
Signature of Reviewer: _____ Date: _____ Title: _____
Signature of Administrative Staff: _____ Date: _____ Date of Completion/Mailing: _____

General Instructions
X-Ray Reciprocity Request
Form R- 200

Based on the Colorado Rules and Regulations Pertaining to Radiation Control (6 CCR 1007-1)(Regulations), any person who desires to bring radiation producing machines into Colorado for temporary use may be granted authorization to conduct activities using these machines for a period up to 180 days in any calendar year.

The out-of-state registration, and/or other documents authorizing the use of radiation producing machines issued by the agency having jurisdiction where the out-of-state registrant maintains an office for directing the registered activity and at which radiation safety records are normally maintained, do not limit the activity authorized by such documents to specified installations or locations.

- 1) If radiation machine is only displayed at a conference or meeting, and will not be operated and produce radiation, it does not have to be registered in the State of Colorado.
- 2) If a machine will be operated in the State of Colorado in excess of 180 calendar days per year, it must be registered using Form R-4 (Application for Registration of Radiation Machines).
- 3) When a radiation machine is brought into the State of Colorado, for any temporary use, written notice will be provided to the Colorado Department of Public Health and Environment, HMWM Division, Radiation Management Program, X-Ray Certification Unit, at least 15 calendar days before such machine is to be used in the State. Notice will be the completed form R-200.
- 4) The person using a radiation machine in the State of Colorado under reciprocity will:
 - a) Comply with all applicable Regulations of the Department;
 - b) Provide the Department with other information the Department may request;
 - c) Not operate within the State of Colorado, on a temporary basis, more than 180 calendar days per year;
 - d) Provide documentation the radiation producing machine has been inspected within one (1) year of the projected use in Colorado (or as provided in 6 CCR 1007-1, Part 2, 2.5 of the Regulations).
- 5) The form must have an original signature and date.
- 6) For questions, contact our office at (303) 692-3448 or (888) 569-1831 toll-free. Send all correspondence, Attention: X-Ray Certification Unit.
- 7) This reciprocity request may be emailed to: cdphe_xray_qisc@state.co.us