

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Radiological Health - Radioactive Materials Program

Annual Reciprocity Fee

Invoice #	Type of Radioactive Material License	Annual Fee	Total Due
REC5555	Licensee/Registration Number	\$1,200.00	\$1,200.00
Fee Due By:			June 30, 2016

Please make check or money order payable to "Nebraska Department of Health and Human Services" and return with this invoice in the envelope provided, as well as a corrected copy of the attached letter and any items of information required to complete your file.

Agency Use Only

PLU: 2707

May 25, 2016

REC5555 Licensee/Registration Number

John Doe Research Center Facility/Licensee/Registration Name

P.O. Box 555
Lincoln, NE 68508-6214

Attention: Accounts Payable

This is a bill for the annual fee for reciprocity in Nebraska. The Nebraska Radiation Control Act Section 71.3508.03 provides the Nebraska Department of Health and Human Services the authority to assess fees for reciprocity. Current fees for reciprocity are listed in 180 NAC 18-005(29).

Please direct all correspondence concerning this bill to:

Radioactive Materials Program
DHHS - Office of Radiological Health
P.O. Box 95026
301 Centennial Mall South
Lincoln, NE 68509-5026
(402) 471-2079 <http://www.dhhs.ne.gov/rad/>

May 25, 2016

#Type!

In order to obtain reciprocity in the State of Nebraska, a licensee per Title 180 NAC (Control of Radiation) 180 NAC 3-028, must have the following information current and on file:

Item #1 - Copy of Radioactive Material License;

Item #2 - Operating and Emergency Procedures;

Item #3 - Payment of Annual Fee per 180 NAC 18-005;

Item #4 - Names of authorized users/employees and their training/qualifications (training certificates).

This information may be updated and/or supplied at the time specific notification is made to the Agency, but needs to be on file when actual entry into the State of Nebraska is made.

Nebraska Department of Health and Human Services
Office of Radiological Health
301 Centennial Mall South, P.O. Box 95026
Lincoln, NE 68509-5026

Our records indicate the following on file for your license in regard to the above:

Item #1: License on File: Home State or NRC License #: Home State or NRC License Expiration Date:

Item #2: Operations/Emergency Procedures:

Item #3: Fee Paid Date: Amount Paid

Item #4:

Please return with any corrections or items of information needed to complete your file.

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. §§Stat. 4-108 through 4-114, I attest as follows:

I am a citizen of the United States

OR

I am a qualified alien under the federal Immigration and Nationality Act, my Immigration status and alien number are as follows: _____ and I am providing a copy of my USCIS documentation.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Name (Print – first, middle, last): _____

Signature: _____

Date: _____

OR

It is not necessary to complete the Attestation Form. Please explain why. (For example: corporation, partnership, etc.):

Return completed form with application or renewal form to:

DHHS – Office of Radiological Health
P.O. Box 95026
Lincoln, NE 68509-5026

If you have questions, please contact this office at
DHHS.RadiationPrograms@nebraska.gov or (402)471-2168.

Your application/renewal will not be processed without a completed Attestation Form.

(Over)

On April 8, 2009 the Governor signed into law Legislative Bill 403 (LB 403) which requires the verification of lawful presence in the United States for recipients of public benefits, public contractors and public employees. LB 403 is codified in statute at Neb. Rev. Stat. §§ 4-108 through 4-114.

Public Benefits. For the purposes of this law, public benefits are defined to mean “any grant, contract, loan, professional license, commercial license, welfare benefit, health payment or financial assistance benefit, disability benefit, public or assisted housing benefit, postsecondary education benefit, food assistance benefit, or unemployment benefit or any similar benefit” provided by a governmental agency. There are limited exceptions in the law for certain benefits such as emergency health care services, short term noncash disaster relief, and life safety services.

Each of the licenses, certifications registrations and permits in the DHHS Environmental Health Unit are considered commercial licenses. For this reason, in order to comply with the requirements of Neb. Rev. Stat. §§ 4-108 through 4-114, each applicant or renewing applicant must address the information in the enclosed attestation form.

The attestation form must be completed by the following:

1. An applicant or for a professional license or renewal of a license
2. An applicant for a commercial license or renewal of a commercial license where the business or entity is owned by an individual.

NOTE: In those cases where a business or entity is owned by a corporation, partnership, government, etc. the bottom of the attestation form needs to be completed. Please indicate the ownership of the organization. Return the completed attestation form with your application or renewal form. Applications and renewals can not be processed without the attestation form.

Providing this information is critical and absolutely necessary. Completion of the form will expedite your application or renewal. We appreciate your cooperation. If you have questions please contact the program personnel indicated on your application.