



# Radiation Control Program X-ray Machine Termination Request



## Notification of Transfer or Disposal of Ionizing Radiation Machine <sup>1</sup>

REGISTRANT		NEVADA REG. NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

MACHINE INFORMATION			
MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	
Transferred or sold to:			
NAME		DATE SOLD OR TRANSFERRED	
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
<input type="checkbox"/>	Put in storage. _____ DATE PUT IN STORAGE		
<input type="checkbox"/>	Disassembled — made inoperable. <sup>2</sup>		
<input type="checkbox"/>	Removed from State of Nevada. _____ DATE REMOVED		
<input type="checkbox"/>	Other. _____ EXPLANATION		

The undersigned, on behalf of the registrant, hereby requests that the registration be terminated for the above-referenced ionizing radiation machine.

SIGNATURE	NAME	TITLE	DATE
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<sup>1</sup> Disclosure required by NAC 459.030.

<sup>2</sup> Include copy of completed invoice from service company that deactivated the machine.