



Nevada Radiation Control Program
**Certification for Disposal of Radioactive
 Material and License Termination Request**



LICENSEE

LICENSE #

TELEPHONE NUMBER

FAX NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

CHECK ALL THAT APPLY BELOW

All use of radioactive material authorized under the above referenced license has been terminated.

Radioactive contamination has been removed to the level outlined in NAC 459 §§ 085 and 200.

All radioactive material previously procured and/or processed under the authorization granted by the referenced license has been disposed of as follows —

Transferred to: ¹

NAME

TELEPHONE NUMBER

FAX NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Authorization to possess material is under _____ issued by _____

LICENSE #

LICENSING AGENCY

Decayed, surveyed and disposed as non-radioactive waste.

Authorized by _____

issued by _____

LICENSE #

LICENSING AGENCY

No radioactive material has ever been procured and/or possessed by the licensee under the authorization granted by the above referenced license.

Other (attach additional pages).

Attached are radiation surveys or the equivalent as specified in NAC 459.200(2).

Required records (for the license requested to be terminated) are available at:

NAME

TELEPHONE NUMBER

FAX NUMBER

CONTACT PERSON

STREET ADDRESS

CITY

STATE

ZIP CODE

E-MAIL

Additional remarks (attach additional pages).

CERTIFICATE

The undersigned, on behalf of the licensee, hereby certifies that licensable quantities of radioactive material under the jurisdiction of the Nevada State Health Division are **NOT** possessed by the licensee.

NAME

TITLE

SIGNATURE

DATE

¹ Attach a copy of the receipt from the licensee who received the radioactive material.