Nevada Radiation Control Program

Certification for Disposal of Radioactive Material and License Termination Request

Nevada State Health Division
4150 Technology Way #300
Carson City, NV 89706-2029
tel: (775) 687-7550
fax: (775) 687-7552

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 LICENSE # issued by LICENSING AGENCY
  - ☐ Decayed, surveyed and disposed as non-radioactive waste.
  - ☐ Authorized by LICENSE # issued by 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.

Posted 5/28/2009