

ALABAMA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DISPOSITION OF RADIOACTIVE MATERIALS

All items must be completed

Licensee Name	License Number	License Expiration Date	
Address	City	State	Zip Code

The licensee, and anyone executing this certificate on behalf of the licensee, certifies that (complete the appropriate items below):

A. Materials information

<p>_____ 1. No radioactive materials have ever been possessed or procured under this license.</p> <p>_____ 2. All radioactive materials procured and/or possessed by the licensee under the license number stated above have been disposed of by decay.</p> <p>_____ 3. All radioactive materials procured and/or possessed by the licensee under the license number stated above have been transferred.</p> <p>Date Transferred _____ Transferred to (Name and Address) _____</p> <p style="margin-left: 300px;">_____</p> <p>Transferred to License Number _____</p> <p>License Issued by (Check One) _____ Issued by State of: _____</p> <p>_____ NRC _____ Agreement State _____</p> <p>_____ 4. Materials have been disposed of in the following manner (Describe specific disposal procedures, attach supplemental sheets if more space is needed).</p>

B. Other information

<p>_____ 1. Our license has not yet expired; please terminate it.</p> <p>_____ 2. Were radiation surveys and/or wipe tests conducted to confirm the absence of licensed radioactive materials and to determine if any contamination remains on the premises covered under the license?</p> <p>_____ No</p> <p>_____ Yes (attach a copy of the results)</p>				
<table style="width: 100%;"> <tr> <td style="width: 80%; padding: 5px;">Name of Person to be Contacted Regarding the Information Provided on this Form</td> <td style="width: 20%; padding: 5px;">Telephone Number</td> </tr> </table>	Name of Person to be Contacted Regarding the Information Provided on this Form	Telephone Number		
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The undersigned, on behalf of the licensee, hereby certifies that licensable quantities of radioactive material under the jurisdiction of the Alabama Office of Radiation Control are not possessed by the licensee. It is therefore requested that the referenced license be terminated.

Return To:
Alabama Office of Radiation Control
P.O. Box 303017
Montgomery, AL 36130-3017

Signature Date

Printed Name and Title