



# Radiation Control Program



## Installation or Service Company Request for Termination of Registration

COMPANY NAME (AS IT APPEARS ON CERTIFICATE)

REGISTRATION NUMBER

MAILING ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

FAX NUMBER

EMAIL

DATE OF LAST SERVICE PERFORMED IN THE STATE OF NEVADA:

REASON FOR TERMINATION OF  
REGISTRATION:

By signing and dating this form, you attest that your business and company are not currently performing any service, installation, sale or repair of radiation producing machines in the State of Nevada. You are required by NAC 459.150 to notify us if this status changes.

ADMINISTRATOR'S SIGNATURE

PRINTED NAME

DATE

Please return completed signed form to:

**Nevada State Division of Public and Behavioral Health  
Radiation Control Program  
675 Fairview Drive, Suite 218  
Carson City, NV 89701**