



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: <sup>1</sup>

\_\_\_\_\_  
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 Radiation Control Program are **NOT** possessed by the licensee.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

<sup>1</sup> Attach a copy of the receipt from the licensee who received the radioactive material.