

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

Facility Attestation of Transfer and Disposal

In accordance with NAC 459.166 the applicant for registration of a radiation producing machine is required to notify the division of transfer and disposal within 15 days. Failure to fill out this form completely and accurately may result in the denial of the termination request.

Registrant / Facility Name Nevada Registration Certificate No.

Street Address Ste/Apt# City State Zip Code

Tel No. Fax No. Email Address

Make Model Serial No.

The Signee below must be the facility registrant or designated responsible individual. The undersigned, on behalf of the registrant, hereby requests that the registration be terminated for the above referenced Radiation Producing Machine.

Please select:

- I have enclosed a copy of the service invoice or statement from the registered installer/service company who performed the de-installation on this machine.
*Invoice must include serial number on file with Radiation Control Program and date.
- I attest that I am no longer in possession **and** unable to provide any documentation of transfer, disposal, location of the above-mentioned radiation producing machine.

I certify that the above information is correct to the best of my knowledge.

Full Name: _____ Title: _____
(Printed)

Signature: _____ Date: _____

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