

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.

Estimated Date of Disposal _____

Comments: _____

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

Full Name: _____ Title: _____
(Printed)

Signature: _____ Date: _____

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