Joe Lombardo
Governor

Richard Whitley,
MS
Director

## DEPARTMENT OF HEALTH AND HUMAN SERVICES





Cody Phinney, MPH 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.		
undersigned, on		ant, hereby red	designated respons quests that the regis	ible individual. The stration be terminated for the	
performed the of Program and da  I attest that I a location of the a	de-installation on this ite.	machine. *Invoid ssion <b>and</b> unable ation producing r	ce must include serial to provide any docum	red installer/service company who number on file with Radiation Cont nentation of transfer, disposal,	
Comments:				-	
I cert	ify that the above	information i	s correct to the be	est of my knowledge.	
Full Name:	(Printed)		Title:		
Signature:			Date:		
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