



Radioactive Materials Unit
625 Robert Street North
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St. Paul, MN 55164-0975

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CERTIFICATE - DISPOSITION OF RADIOACTIVE MATERIALS

Licensee name and address:

Person to contact regarding the information provided on this form:

Contact's phone number:

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License or registration number:

RADIOACTIVE MATERIALS DISPOSAL INFORMATION (Check and complete as necessary.)

No radioactive material has ever been acquired, received, possessed, used, stored, or transferred by the licensee under the authorization granted by the above referenced license.

All radioactive material acquired, received, possessed, used, stored or transferred has been disposed of as follows. (Check all that apply)

Decayed, surveyed, and disposed of as non-radioactive waste. (Attach survey records.)

Materials acquired, received, used, possessed or stored has been transferred to: (Attach documents that verify receipt by another licensee. If additional space is needed, use the reverse of this form or provide attachments.)

Name and address of licensee or waste contractor:

License Number:

Issued by:

Date of Transfer:

Materials have been disposed of in the following alternative manner. (Describe specific disposal procedures - if additional space is needed, use the reverse of this form or provide attachments.)

SURVEYS AND RECORDS

- A radiation survey was not conducted because only sealed sources were possessed under this license.
- A radiation survey was conducted.
 - The surveys confirm the absence of licensed radioactive materials.
 - The surveys verify that all remaining radioactivity is within the limits of Minnesota *Radioactive Materials Rules*, Chapter 4731.
- Copies of the survey records are attached.
- Survey records are not attached. *(Provide an explanation.)*

- Records required to be maintained for the license termination requested are available at the following location:
(List company name and address.)

CERTIFICATION *(To be completed by an individual authorized to make binding commitments on behalf of the applicant.)*

I hereby certify that the information provided was prepared in conformance with Minnesota *Radioactive Materials Rules*, Chapter 4731, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

Signature:

Date:

Name *(Print or type)*:

Title: