



CERTIFICATE: DISPOSITION OF RADIOACTIVE MATERIAL

North Dakota Department of Health
Radiation Control Program
SFN 18941 2/06

The licensee or any individual executing this certificate on behalf of the licensee certifies that the following is true and correct:
All items MUST be completed. Please print.

Licensee Name	License Number	License Expiration Date	
Address	City	State	Zip Code

A. Materials Data (check one and complete, as necessary.)

<input type="checkbox"/>	No materials have ever been possessed or procured by the licensee under this license.		
<input type="checkbox"/>	All materials procured and/or possessed by the license under the license number cited above have been transferred.		
	Date Transferred	Transferred To:	
	License Number		
	License Issued By (check one): <input type="checkbox"/> NRC <input type="checkbox"/> *AGREEMENT STATE	Issued by the State of (if applicable):	
<input type="checkbox"/>	Materials Have Been Disposed of In the Following Manner (Describe specific disposal procedures - if additional space is needed, use the reverse of this form, or provide attachment(s):		
*AN AGREEMENT STATE PURSUANT TO SECTION 274 OF THE ATOMIC ENERGY ACT OF 1954, AS AMENDED, AND THE ENERGY REORGANIZATION ACT OF 1974.			

B. Other Data

<input type="checkbox"/>	Our license has not yet expired; please terminate it.		
Was a radiation survey conducted to confirm the absence of licensed radioactive materials and to determine whether any contamination remains on the premises covered by the license? (Check one):			
<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes, the results (Check one):		
<input type="checkbox"/>	are attached, or		
<input type="checkbox"/>	were forwarded to the North Dakota Department of Health, Air Quality Division (Date):		
Name of person to be contacted regarding the information provided on this form			Telephone Number

Mail all future correspondence regarding this license to:

Address	City	State	Zip Code
RETURN FORM TO: North Dakota Department of Health Division of Air Quality, 2 nd Floor 918 East Divide Ave. Bismarck, ND 58501-1947 Phone: 701-328-5188 Fax: 701-328-5185		Certifying Official for Licensee	
		Printed Name and Title	
		Signature	Date