Virginia Department of Health
Radioactive Materials Program
(804) 864-8150

# CERTIFICATE OF DISPOSITION OF MATERIALS

Completion of this form is required to complete termination of a Radioactive Material License as outlined in 12 VAC 5-481-500. Failure to provide information will result in this request for termination of a specific license not being processed.

Instructions – Complete all items. Retain one copy and submit original to Virginia Department of Health, Radioactive Materials Program, 109 Governor Street, Room 730, Richmond, VA 23219.

## CONTACT INFORMATION

| **Item 1 Name and Mailing Address of Applicant:** | **Item 2 Virginia Radioactive Material License Number** |
|---|---|
| | **Item 3 Contact Person – Name** |
| | **Contact Person - Telephone Number** (Include area code)<br>( ) - x |

## TERMINATION AND DISPOSITION INFORMATION

The following information is provided in accordance with **12 VAC 5-481-500.** (Check all that apply)

☐ **Item 4** All use of radioactive material authorized under the above referenced license has been terminated.

☐ **Item 5** Radioactive contamination has been removed to the levels outlined in **12 VAC 5-481-1160 B.**

☐ **Item 6** All radioactive material previously procured and/or possessed under the authorization granted by the above referenced license has been disposed of as follows. (Check all that apply)

☐ Transferred to: Name Address

Who is (are) authorized to possess such material under Licensed Number:

Issued by (Licensing Agency):

☐ Decayed, surveyed and disposed of as non-radioactive waste.

☐ No radioactive material has ever been procured and/or possessed by the licensee under the authorization granted by the above referenced license.

☐ Other (Attach additional pages)

☐ **Item 7** Attached are radiation surveys or equivalent as specified in **12 VAC 5-481-500 L**. Specify the survey instrument(s) used and certify that each instrument is properly calibrated as required in **12 VAC 5-481-500 K**.

☐ **Item 8** Records required to be maintained for the license termination requested are available at the following location(s):

Name:

Address:

Contact Person Telephone Number: ( ) - x

Additional remarks (Attach additional pages if necessary.)

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

**Item 10.**

**The undersigned, on behalf of the licensee, hereby certifies that licensable quantities of radioactive material under the jurisdiction of the Virginia Department of Health are not possessed by the licensee. It is therefore requested that the above referenced radioactive material license be terminated.**

| **SIGNATURE** - Applicant or Authorized Individual | **Date signed** |
|---|---|

Print Name and Title of above signatory