



**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
RADIOACTIVE MATERIALS PROGRAM**

CERTIFICATION OF DISPOSITION OF MATERIALS

INSTRUCTIONS - (Use additional sheets where necessary.)

Type or Print except where indicated.

Retain one copy for your files and submit original application to: Department of Health and Human Services, Division of Public Health, Radiological Health, 301 Centennial Mall South, P.O. Box 95026, Lincoln, NE 68509-5026.

Upon approval of this Certification of Disposition of Materials the licensee will receive a termination notice of this radioactive material license.

1. Licensee Information Licensee Number: _____ License Expiration Date: _____ Licensee Name and Street Address: Applicant Name: _____ Address: _____ City, State Zip+4 _____ Telephone #: _____ FAX#: _____ E-mail Address: _____	2. Person to Contact Regarding this Application _____ Telephone #: _____
3. Materials Data <input type="checkbox"/> No Materials have ever been procured or possessed by the Licensee under this License. <input type="checkbox"/> All Materials procured and/or possessed by the Licensee under the License Number cited above have been disposed of in the following manner: <input type="checkbox"/> <u>Transfer</u> Specify the date of the transfer, the name of the licensed recipient and the recipient's Department, U.S. Nuclear Regulatory Commission or Agreement State license number. Describe specific materials transfer actions and if there were radioactive wastes generated in terminating this license, the disposal actions, including the disposition of low-level radioactive waste, mixed waste, Greater-than-Class-C waste, and sealed sources, if applicable. <input type="checkbox"/> <u>Disposed of directly by Licensee</u> Describe specific disposal procedures (e.g. decay in storage).	
4. Other Data <input type="checkbox"/> Our License has not yet expired, please terminate it. A Radiation Survey was conducted to confirm the absence of licensed radioactive materials and to determine whether any contamination remains on the premises covered by the license: <input type="checkbox"/> NO (Attach Explanation) <input type="checkbox"/> YES, the results: <input type="checkbox"/> Are attached <input type="checkbox"/> Were forwarded to the Department on (Date) _____	

4. Other Data (Continued)

Address all future correspondence regarding this license to:

Name: _____

Address: _____

City, State Zip+4: _____

Telephone #: _____

FAX#: _____

E-mail Address: _____

5. CERTIFICATION

(This item must be completed by applicant.)

The applicant and any official executing this document on behalf of the applicant named in Item 1., certify that this application is prepared in conformity with the Nebraska Department of Health and Human Services, Title 180, Regulations for the Control of Radiation and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

Applicant Name From Item 1.

By: _____
Signature

Date

Print Name and Title of certifying official authorized to act on behalf of the applicant