NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

Form NRH-4C
Revised 8-2025

NRH – 4C Registration Termination/Close Application

Use this form to terminate/close your Certificate of Registration.

**To remove machines from a registration you wish to remain active, use form NRH – 4B Registered Facility Equipment Update.*

To terminate the Certificate of Registration, the following information must be provided per 180 NAC 2-010.01.

180 NAC 2-010.01 TERMINATION OF REGISTRATION.
If a registrant does not renew the certificate of registration as required by this chapter on or before the expiration date on the certificate of registration, the registrant must notify the Department and:

(A) Request termination of the certificate of registration in writing;
(B) Submit a record of disposition of the radiation generating equipment, and
(C) Pay any outstanding fees per 180 NAC 18-008.

Return to:
Nebraska Dept. of Health & Human Services
Office of Radiological Health
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509-5026 or
dhhs.radiationprograms@nebraska.gov

Registration #:	
Facility Name:	
Facility Address:	
Contact:	
Phone:	
Email:	
Termination Date:	

Reason for Termination:

☐ Office Closed
☐ Change of Ownership/Sold Business
☐ Deceased Owner
☐ Other: _____

Complete the *Radiation Machine Information* on the following page for each machine no longer in use.

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

Signature of the applicant, or person duly authorized to act on behalf of the applicant:

Certifying Official (Print or Type)	Facility Name
Signature	Date

Radiation Machine Information – Record of Disposition

	Manufacturer	Model Number	Serial Number	Left at Location? (Y or N)	Was it Disabled? (Y or N)	Machine Status (operable/inoperable*)	Type of Transfer	Transfer Date
1				Select	Select	Select One	Select One	
	Transferred to:			Address Transferred to:				

	Manufacturer	Model Number	Serial Number	Left at Location? (Y or N)	Was it Disabled? (Y or N)	Machine Status (operable/inoperable*)	Type of Transfer	Transfer Date
2				Select	Select	Select One	Select One	
	Transferred to:			Address Transferred to:				

	Manufacturer	Model Number	Serial Number	Left at Location? (Y or N)	Was it Disabled? (Y or N)	Machine Status (operable/inoperable*)	Type of Transfer	Transfer Date
3				Select	Select	Select One	Select One	
	Transferred to:			Address Transferred to:				

	Manufacturer	Model Number	Serial Number	Left at Location? (Y or N)	Was it Disabled? (Y or N)	Machine Status (operable/inoperable*)	Type of Transfer	Transfer Date
4				Select	Select	Select One	Select One	
	Transferred to:			Address Transferred to:				

	Manufacturer	Model Number	Serial Number	Left at Location? (Y or N)	Was it Disabled? (Y or N)	Machine Status (operable/inoperable*)	Type of Transfer	Transfer Date
5				Select	Select	Select One	Select One	
	Transferred to:			Address Transferred to:				

	Manufacturer	Model Number	Serial Number	Left at Location? (Y or N)	Was it Disabled? (Y or N)	Machine Status (operable/inoperable*)	Type of Transfer	Transfer Date
6				Select	Select	Select One	Select One	
	Transferred to:			Address Transferred to:				

*An inoperable radiation machine is one that cannot be energized, without repair or modification, when connected to a power supply.

For additional machines, please fill out multiple pages