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| **Office of Radiation Protection** ***CERTIFICATE - DISPOSITION OF RADIOACTIVE MATERIAL*** |
| **Licensee Name (Institution, company, Hospital. Person, etc.):** | **License Number: WN** –      **License Expiration Date:**  |
| **Address (Where radioactive materials have been used):**:                | **Individual radioactive materials Users**:                |
| **CERTIFICATION****THE LICENSEE AND ANY INDIVIDUAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE LICENSEE CERTIFY THAT**(check appropriate item(s) below): |
| [ ]  No radioactive material has been procured and/or possessed by licensee or,[ ]  All radioactive material (as listed below) procured and/or possessed under your radioactive material license has been:[ ]  Transferred (state to whom transferred, their address, phone number, Radioactive Materials License number and issuing agency):[ ]  Disposed by decay[ ]  Disposed via sewer[ ]  Disposed of as low level wasteList sealed sources separately, including model and serial numbers. |
| **Radioactive Materials**            | **Form**           | **How Disposed or to Whom Transferred**           |
| Signature of Certifying Official      | Date: |
| Printed or Typed Name of Official and Title:      |       |

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