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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 waste  List 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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