



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
BUREAU OF RADIATION CONTROL**

Bin #C21 ? 4052 Bald Cypress Way ? TALLAHASSEE, FLORIDA 32399-1741

**CERTIFICATE - DISPOSITION OF RADIOACTIVE MATERIALS**

(All items MUST be completed, please print)

LICENSEE NAME AND ADDRESS	LICENSE NUMBER
	LICENSE EXPIRATION DATE

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT:  
(Check and complete the appropriate item(s) below.)

**A. MATERIALS DATA (Check one and complete, as necessary)**

1. NO MATERIALS HAVE EVER BEEN PROCESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE
- OR
2. ALL MATERIALS PROCURED OR PROCESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON
- |       |     |                 |  |
|-------|-----|-----------------|--|
| DATE: | TO: |                 |  |
|       |     | LICENSE NUMBER: |  |
- OR
3. ALL MATERIALS PROCURED OR PROCESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON
- |       |     |                          |                        |
|-------|-----|--------------------------|------------------------|
| DATE: | TO: |                          |                        |
|       |     | WHICH HAS LICENSE NUMBER | ISSUED BY THE STATE OF |
- OR
4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (Describe specific disposal procedures - if additional space is needed, use the reverse of this form, of provide attachments)

**B. OTHER DATA**

1. OUR LICENSE HAS NOT YET EXPIRED, PLEASE TERMINATE IT.
2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one)
- NO
- YES, THE RESULTS (Check one)
- ARE ATTACHED, OR
- WERE FORWARDED TO DEPARTMENT OF HEALTH ON (Date)

3. THE PERSON TO BE CONTACTED REGARDING THIS INFORMATION PROVIDED ON THIS FORM

NAME	TELEPHONE NUMBER
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4. MAIL ALL FUTURE CORRESPONDENCE REGARDING LICENSE TO

RETURN TO: BUREAU OF RADIATION CONTROL BIN #C21 4052 BALD CYPRESS WAY TALLAHASSEE, FL 32399-1741	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2"><b>CERTIFYING OFFICIAL</b></th> </tr> <tr> <td style="width:70%; padding: 2px;">SIGNATURE</td> <td style="width:30%; padding: 2px;">DATE</td> </tr> <tr> <td style="padding: 2px;">PRINTED NAME AND TITLE</td> <td></td> </tr> </table>	<b>CERTIFYING OFFICIAL</b>		SIGNATURE	DATE	PRINTED NAME AND TITLE	
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