



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	CERTIFYING OFFICIAL	
	SIGNATURE	DATE
	PRINTED NAME AND TITLE	

