

GEORGIA DEPARTMENT OF NATURAL RESOURCES
RADIOACTIVE MATERIALS PROGRAM
REQUEST TO TERMINATE RADIOACTIVE MATERIAL LICENSE

1. Licensee Name _____ 2. License Number _____

3. Address _____ Street No./ P. O. Box _____

City _____ State _____ Zip code _____

4. Contact Person _____ 5. Telephone Number _____

6. Request is hereby made that the Radioactive Material License described above be terminated for the following reason:

7. Radioactive Material possessed under this license has been disposed of as indicated below (mark all that apply):

- ☐ No materials have been possessed or procured by the licensee under this licensee.
- ☐ All material was used for the licensed purposes; none remains.
- ☐ All material was leased, and has been returned to lessor.

Name of Lessor: _____ License No. _____

- ☐ Lessor acknowledgement of receipt attached.
- ☐ Material has been transferred to the following licensee:

Licensee Name _____ License No. _____

Address _____ Street No./ P. O. Box _____

City _____ State _____ Zip code _____

Date of Transfer: _____

- ☐ Transferee acknowledgement of receipt attached.
- ☐ Material has been disposed of in the following manner:

- ☐ A radiation survey was conducted to confirm the absence of radioactive material and to determine whether any contamination remains at the facility covered by the license.
- ☐ Copy of survey results attached.

8. Management Official or Radiation Safety Officer

Signature of certifying officer

Date

Print name

Title

Keep one copy for your records and send original to:

GEORGIA DEPARTMENT OF NATURAL RESOURCES

RADIOACTIVE MATERIALS PROGRAM

4244 INTERNATIONAL PARKWAY, SUITE 120

ATLANTA, GEORGIA, 30354