ATTESTATION FOR LOWER FEE
GEORGIA RADIOACTIVE MATERIALS LICENSE

Name of Licensee: __________________________________________________________

Georgia Radioactive Materials License Number: __________

The above licensee meets the criteria selected below (from Georgia Rule 391-3-17-.10(2)(e-f)) for the purpose of a lowered annual fee payment:

- □ Small Entity – Small business with annual receipts less than $3.5 million.
- □ Small Entity – Private practice physician with annual receipts less than $1 million.
- □ Small Entity – Independently owned and operated not-for-profit organization with annual receipts less than $3.5 million.
- □ Small Entity – Small governmental jurisdiction with a population less than 50,000.
- □ Small Entity – Small educational institution supported by a small governmental jurisdiction (see above) or a privately supported institution with less than 500 employees.
- □ Small Entity, Lower Tier – Small business with annual receipts less than $250,000.
- □ Small Entity, Lower Tier – Not-for-profit organization with annual receipts less than $250,000.
- □ Small Entity, Lower Tier – Small governmental jurisdiction with a population less than 20,000.

I certify that I am the Chief Financial Officer for the licensed entity named above; that documentation to support the selection(s) above is available upon request for examination/verification by the Georgia Environmental Protection Division at the address show below; and that the selection(s) is/are consistent with most recent annual audit report, tax return and/or other filing by the Licensee with the Georgia Department of Revenue and/or Office of Secretary of State.

Signature: ___________________________  Documentation located at: __________
Print Name: ___________________________  ___________________________
Phone: ___________________________

NOTARY VERIFICATION:

The foregoing attestation was sworn to and acknowledged before me this ______day of ________, 20___, as a free act and deed by the above _____________________________.

Signature of Notary Public: ____________________________
Printed Name of Notary Public: ___________________________  SEAL
Commission Expires: __________