

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

1. Licensee Name _____ 2. License Number _____
3. Address _____
 No. Street/P. O. Box No. 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:

- 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 _____
 No. Street 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.

6. 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 114
ATLANTA, GEORGIA 30354