

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):

A. No materials have been possessed or procured by the licensee under this licensee.

B. All material was used for the licensed purposes; none remains.

C. All material was leased, and has been returned to lessor.

Name of Lessor: _____ License No. _____

Lessor acknowledgement of receipt attached.

D. 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.

E. 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.

F. Licensee continues to operate under reciprocal approval of an out-of-state or NRC license, and is aware of the 180 days limit per calendar year.

Out-of-state or NRC License Number: _____ Expiration Date: _____

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