

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: _____