



# CERTIFICATE: DISPOSITION OF RADIOACTIVE MATERIAL

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY

RADIATION CONTROL PROGRAM

SFN 18941 (3-2019)

The licensee or any individual executing this certificate on behalf of the licensee certifies that the following is true and correct: All items MUST be completed. Please print.

Licensee Name	License Number	License Expiration Date	
Address	City	State	ZIP Code

### A. Materials Data (check one and complete, as necessary.)

<input type="checkbox"/>	No materials have ever been possessed or procured by the licensee under this license.		
<input type="checkbox"/>	All materials procured and/or possessed by the license under the license number cited above have been transferred.		
	Date Transferred	Transferred To:	
	License Number		
	License Issued By (check one): <input type="checkbox"/> NRC <input type="checkbox"/> *AGREEMENT STATE	Issued by the State of (if applicable):	
<input type="checkbox"/>	Materials Have Been Disposed of In the Following Manner (Describe specific disposal procedures - if additional space is needed, use the reverse of this form, or provide attachment(s):		

\*AN AGREEMENT STATE PURSUANT TO SECTION 274 OF THE ATOMIC ENERGY ACT OF 1954, AS AMENDED, AND THE ENERGY REORGANIZATION ACT OF 1974.

### B. Other Data

<input type="checkbox"/>	Our license has not yet expired; please terminate it.	
Was a radiation survey conducted to confirm the absence of licensed radioactive materials and to determine whether any contamination remains on the premises covered by the license? (Check one):		
<input type="checkbox"/>	No	
<input type="checkbox"/>	Yes, the results (Check one):	
<input type="checkbox"/>	are attached, or	
<input type="checkbox"/>	were forwarded to the North Dakota Department of Health, Air Quality Division (Date):	
Name of person to be contacted regarding the information provided on this form		Telephone Number

### Mail all future correspondence regarding this license to:

Address	City	State	ZIP Code
RETURN FORM TO: North Dakota Department of Environmental Quality Radiation Control Program 918 E Divide Avenue, 2 <sup>nd</sup> Floor Bismarck, ND 58501-1947 Phone: 701-328-5188 Fax: 701-328-5185	Certifying Official for Licensee		
	Printed Name and Title		
	Signature	Date	