

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.)

	No materials have ever been possessed or procured by the licensee under this license.					
	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):	Issued by the State of (if applicable):				
	□ NRC □ *AGREEMENT STATE					
	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

	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):				
	No			
	Yes, the results (Check one):			
	are attached, or			
	were forwarded to the North Dakota Department of Environmental Quality, Radiation Control Program (Date):			
Name of person to be contacted regarding the information provided on this form Telephone Number		Telephone Number		

Mail all future correspondence regarding this license to:

Address	City	State	ZIP Code
RETURN FORM TO:	Certifying Official for Licensee		
North Dakota Department of Environmental Quality Radiation Control Program 4201 Normandy Street, 2 nd Floor	Printed Name and Title		
Bismarck, ND 58503-1324 Phone: 701-328-5166 Fax: 701-328-5200	Signature	Date	