



## CERTIFICATE OF TERMINATION DISPOSITION OF RADIOACTIVE MATERIAL

The Commonwealth of Massachusetts  
Department Of Public Health  
Division of Radiation Control  
250 Washington St., Boston, MA 02108  
Tel: 617-624-5757

The Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under M.G.L. c. 111, §§ 3, 5M, 5N, 5O, 5P. Disclosure of this information is required. Failure to provide any information will result in this form not being processed.

1. Please print the name, license number, and address (including zip code) of the licensee for whom or for which this form is filed:

LICENSEE NAME: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. The following information is provided in accordance with 105 CMR 120.132, "Expiration and Termination of Licenses and Decommissioning of Sites and Separate Buildings or Outdoor Areas." This regulation is attached to this form. Complete the items below which are applicable to your licensed activity:

- ☐ a. All use of radioactive materials authorized under the above referenced license has been terminated.
- ☐ b. Radioactive contamination has been removed to the level outlined in 105 CMR 120.245.
- ☐ c. All radioactive material previously procured and/or possessed under the authorization granted by the above referenced license has been disposed of as follows:
- ☐ Transferred to Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Issuing State and Agency: \_\_\_\_\_
- ☐ Decayed, surveyed and disposed of as non-radioactive trash.
- ☐ Licensed under License Number: \_\_\_\_\_  
Issuing State and Agency: \_\_\_\_\_
- ☐ No radioactive material has ever been procured and/or possessed by the licensee under the authorization granted by the above referenced license.
- ☐ Other (Attach additional pages)
- ☐ d. Attached are radiation surveys or the equivalent as specified in 105 CMR 120.132(J)(2).
- ☐ e. Additional remarks. (Attach additional pages)

3. CERTIFICATION: I, the undersigned, on behalf of the licensee, hereby certify that:

LICENSABLE QUANTITIES OF RADIOACTIVE MATERIAL UNDER THE JURISDICTION OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH DIVISION OF RADIATION CONTROL ARE NOT POSSESSED BY THE LICENSEE. IT IS THEREFORE REQUESTED THAT THE ABOVE REFERENCED LICENSE BE TERMINATED.

\_\_\_\_\_  
NAME OF CERTIFYING INDIVIDUAL

\_\_\_\_\_  
SIGNATURE OF CERTIFYING INDIVIDUAL

\_\_\_\_\_  
TITLE OF CERTIFYING INDIVIDUAL

\_\_\_\_\_  
DATE