Registration Termination Form

Facility Name: ____________________________________________________________

Address:   __________________________________________________________________

Telephone Number: ________________________________________________________

Radiation Control Number (RCN): __________________________

The following information is provided in accordance with 105 CMR 120.030: “Report of Changes”. Complete the items below which are applicable to your registered unit(s).

1. The x-ray unit(s) authorized under the above referenced RCN # has been terminated. Attached is a copy of the receipt from the service provider that removed the unit(s).

2. The x-ray unit(s) was disposed of in the following manner: (please circle)
   (A.) Cut the x-ray cord
   (B.) Took to town’s hazardous waste site

3. The x-ray unit(s) were transferred to:
   Name:   __________________________________________________________________ 
   Address: __________________________________________________________________
   Telephone Number: __________________________________________________________________

I, the owner of the x-ray unit(s), hereby certify that the x-ray unit(s) is no longer in my possession and request that the above referenced Registration be terminated.

Date: ________________________________________________

Signature: ________________________

Title: ________________________________  January 2018