



Lehigh University Environmental Health & Safety

FAX TRANSMITTAL FORM

To: Dave Everhart

K-2

From: Dr. Barbra A. Plohocki

NRC

Phone: 610-758-3643

Fax: (610)337-5393

37-07912-02
03000987

Fax: 610-758-5606

Date Sent: 08/01/05

Time Sent: 3:40 P.M.

Number of pages including cover page: 2

Per your Request: Corrected Specimen Certificate of Events

Lehigh University—Financial Assurance Information

Dr. Barbra A. Plohocki
Radiation Safety Officer

Please call if you require additional information.

616 Brodhead Avenue
Bethlehem, PA 18015

Phone: 610-758-4251
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137193

NMGS/RGNI MATERIALS-002



LEHIGH
UNIVERSITY

Environmental Health and Safety
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SPECIMEN CERTIFICATE OF EVENTS
FOR LEHIGH UNIVERSITY

[Insert name and address of escrow agent]

Attention: Escrow Division

Dear Sir/Madam:

In accordance with the terms of the Agreement with you dated, _____,
I, _____, Secretary of *[insert name of licensee]*, hereby certify that the
following events have occurred:

1. *[Insert name of licensee]* is required to commence the decommissioning of its facility located at *[insert location of facility]* (hereinafter called the decommissioning).
2. The plans and procedures for the commencement and conduct of the decommissioning have been approved by the United States Nuclear Regulatory Commission, or its successor, on _____ (copy of approval attached).
3. The Board of Directors of *[insert name of licensee]* has adopted the attached resolution authorizing the commencement of the decommissioning.

Secretary of *[insert name of licensee]*

Date