

LICENSEE NAME AND ADDRESS  Indiana Dept of Transportation - La Porte District 315 Boyd Boulevard, P.O. Box 429 LaPorte, In 46352	LICENSE NUMBER	DOCKET NUMBER
	13-26340-01	030-32462
LICENSE EXPIRATION DATE		9/30/2012

**A. LICENSE STATUS (Check the appropriate box)**

This license has expired.       This license has not yet expired; please terminate it.

**B. DISPOSAL OF RADIOACTIVE MATERIAL**  
*(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)*

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

1. No radioactive materials have ever been procured or possessed by the licensee under this license.

2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner.

a. Transfer of radioactive materials to the licensee listed below:  
 Licensee 13-26345-01; Docket 030-32467

b. Disposal of radioactive materials:

1. Directly by the licensee:

2. By licensed disposal site:

3. By waste contractor:

c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

**C. SURVEYS PERFORMED AND REPORTED**

1. A radiation survey was conducted by the licensee. The survey confirms:

a. the absence of licensed radioactive materials

b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.

2. A copy of the radiation survey results:

a. is attached; or  b. is not attached (Provide explanation); or  c. was forwarded to NRC on: \_\_\_\_\_ Date \_\_\_\_\_

3. A radiation survey is not required as only sealed sources were ever possessed under this license, and

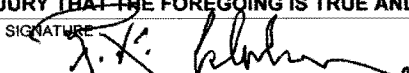
a. The results of the latest leak test are attached; and/or  b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME	TITLE	TELEPHONE (Include Area Code)	E-MAIL ADDRESS
David Schelling	RSO	219-325-7442	dschelling@indot.in.gov

Mail all future correspondence regarding this license to:  
 Robert Dahman Indiana Department of Transportation 5333 Hatfield Rd Fort Wayne, In 46808

**C. CERTIFYING OFFICIAL**  
**I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT**

PRINTED NAME AND TITLE	SIGNATURE	DATE
Robert K. Alderman		7-11-12

**WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.**

**RECEIVED AUG 1 2012**