# CERTIFICATE OF DISPOSTION OF MATERIALS

State Form ##### (08-24)
INDIANA DEPARTMENT OF HOMELAND SECURTY

**INDIANA DEPARTMENT OF HOMELAND SECURITY**
**RADIOACTIVE MATERIALS CONTROL PROGRAM**
302 West Washington Street, Room E208
Indianapolis, IN 46204
Telephone: (317) 232-2222
E-mail: RMCP@dhs.IN.gov
Website: www.in.gov/dhs

*INSTRUCTIONS:*

*Section A, Item 2.*
*Licensees should describe the specific radioactive material transfer actions. If radioactive wastes were generated in terminating this license, the licensee should describe the disposal actions taken, including the disposition of low-level radioactive waste, mixed waste, greater-than-Class-C waste, and sealed sources.*

*Section A, Item 2 a.*
*The information provided concerning the transfer of radioactive material to another licensee should specify the date of the transfer, the name of the licensee recipient, an individual contact name and telephone number for the licensee recipient, and the recipient's NRC or Agreement State license number.*

*Section A, Item 2 b.*
*For disposal of radioactive materials, licensees should describe the specific disposal method or procedure (e.g., decay-in-storage). For those cases when radioactive materials are disposed of by a licensed disposal site or by a waste contractor, the licensee should specify the name, address, and telephone number of the licensed disposal site operator or waste contractor.*

*Section A, Item 2 c.*
*"Residual radioactivity," as defined in 10 CFR 20.1003, means radioactivity in 'areas' (structures, materials, soils, etc.) remaining as a result of activities (licensed and unlicensed) under the licensee's control from sources used by the licensee, excluding background radiation. ALARA is defined in 10 CFR 20.1003.*

*Section A, Item 2 d.*
*For transfer of radioactive materials licensees should attach a record of receipt from the recipient that contains information regarding what was received (e.g., radioactive materials for disposal or transfer.)*

*Submit by mail to:*
*Indiana Department of Homeland Security*
*Radioactive Materials Control Program*
*302 W. Washington Street, Room E208*
*Indianapolis, IN 46204*

*AND by e-mail to:*
*RMCP@dhs.in.gov*

| **LICENSE INFORMATION** | |
|---|---|
| Name | Address *(number and street, city, state, and ZIP code)* |
| License Number | Expiration Date |
| License Status (Check the appropriate box) | |
| ☐ This License has expired. ☐ This license has not yet expired; please terminate it. | |

**A. DISPOSAL OF RADIOACTIVE MATERIAL**

Check all appropriate boxes and complete as necessary. If additional space is needed provide attachments on 8 – 1/2 X 11" paper as necessary.

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.
☐ 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:

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

☐ d. Acknowledgement of receipt of the material by transfer or disposal site is attached.

**B. 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 Part 20, Subpart E, and is ALARA.

☐ 2. A copy of the radiation survey results:

☐ a. is attached ☐ b. is not attached (provide explanation): or

☐ c. was forwarded to the RMCP

E-Mail Address _____ on: Date: _____

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

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

**C. PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM**

| Name | Title | Telephone Number | E-Mail Address |
|---|---|---|---|
| | | | |

Mail all future correspondence regarding the license to the following address *(number and street, city, state, and ZIP code)*

**D. CERTIFYING OFFICIAL**
**I CERITIFY UNDER PERJURY THAT THE FOREGOING IS TRUE AND CORRECT**

| Printed Name and Title | Signature of Certifying Official | Date |
|---|---|---|
| | | |