

**NEW YORK STATE DEPARTMENT OF HEALTH**  
**Bureau of Environmental Radiation Protection**  
**Radioactive Materials Section**  
**Flanigan Square – Room 530**  
**547 River Street**  
**Troy, New York 12180-2216**  
**Telephone 518/402-7590**

**STATUS CERTIFICATION OF LICENSED RADIOACTIVE MATERIAL**

Please check the appropriate items below:

“ Radioactive Materials License No. \_\_\_\_\_ will expire on \_\_\_\_\_  
and I *do not* wish to renew it.

“ I would like to terminate Radioactive Materials License No. \_\_\_\_\_.

I hereby certify that:

“ No radioactive materials have been procured and/or possessed.

“ All radioactive materials procured and/or possessed have been:

“ Transferred to \_\_\_\_\_, License No. \_\_\_\_\_,  
and documentation is enclosed (waste manifest, receipt, etc.)

“ Disposed of by decay for a minimum of ten half-lives. All waste was  
indistinguishable from background and labels were obliterated prior to disposal.

“ Disposed of by release into the sanitary sewer system in accordance with  
6 NYCRR Part 380.

“ Disposed of in the following manner:  
\_\_\_\_\_

“ No radioactive contamination exists on these premises as a result of the use of radioactive  
material under this license. Attach a copy of the close-out survey for all radioactive  
materials use and storage areas as required by 10 NYCRR 16.10(b).

“ No radioactive materials have been in use since \_\_\_\_\_.

I understand that by allowing my license to expire/terminate, that I may submit an application for  
licensure at a future date without prejudice, in accordance with 10 NYCRR Part 16.

Licensee: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature - Certifying Officer)

\_\_\_\_\_ Title: \_\_\_\_\_  
(Typed or Printed Name)