

STATE OF MAINE
CERTIFICATE OF DISPOSITION OF MATERIALS*(All items MUST be completed, please print or type)*

LICENSEE NAME AND ADDRESS [REDACTED]	LICENSE NUMBER [REDACTED]
	EXP. DATE [REDACTED]

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT:
(Check and/or complete the appropriate item(s) below.)

A. MATERIALS DATA *(Check one and complete, as necessary)*

- OR**
- NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.
 - ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON:
Date: [REDACTED] To: (name) [REDACTED]
(address) [REDACTED]
WHICH HAS NRC LICENSE NUMBER: [REDACTED]
 - ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON:
Date: [REDACTED] To: (name) [REDACTED]
(address) [REDACTED]
WHICH HAS LICENSE NUMBER: [REDACTED] ISSUED BY THE STATE OF: [REDACTED]
(AN AGREEMENT STATE PURSUANT TO SECTION 274 OF THE ATOMIC ENERGY ACT OF 1954, AS AMENDED, AND THE ENERGY REORGANIZATION ACT OF 1974)
 - MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. *(Describe specific disposal procedures-if additional space is needed, use the reverse of this form, or provide attachments)*

B. OTHER DATA

- OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.
- WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE?

NO YES, THE RESULTS *(Check one)*

ARE ATTACHED, **OR** WERE FORWARDED TO STATE ON *(Date)*: [REDACTED]

- THE PERSON TO BE TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM:
NAME: [REDACTED] TELEPHONE NUMBER: [REDACTED]
- MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO:
[REDACTED]

RETURN TO: RADIATION CONTROL PROGRAM 11 STATE HOUSE STATION AUGUSTA, ME 04333-0011	CERTIFYING OFFICIAL (from licensee) [REDACTED] SIGNATURE DATE [REDACTED] PRINTED NAME AND TITLE
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