



Maryland

Department of the Environment

AIR AND RADIATION ADMINISTRATION - RADIOLOGICAL HEALTH PROGRAM (ARA/RHP) CERTIFICATE OF DISPOSITION OF MATERIALS

Maryland Department of the Environment’s Radiological Health Program (MDE RHP) is requesting disclosure of information. Completion of this form is required to terminate a Radioactive Material License. Failure to provide all requested information may result in denial or delay of a license termination.

Instructions – Complete all items. Refer to COMAR 26.12.01.01 “Regulations for the Control of Ionizing Radiation” for additional information. Use supplementary sheets if necessary. Retain a copy and submit the original of the entire form to: MDE, Radiological Health Program, 1800 Washington Boulevard, Suite 750, Baltimore, Maryland 21230.

LICENSEE NAME AND ADDRESS	LICENSE NUMBER
	EXPIRATION DATE

Item 1 License Status (Check one box)

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

DISPOSAL OF RADIOACTIVE MATERIAL (RAM) (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. *(skip to contact person and certifying signature)*
- 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(s):
 - a. Transfer of radioactive materials to the licensee listed below:



DISPOSAL OF RADIOACTIVE MATERIAL (RAM) (continued)

- b. Disposal of radioactive materials:
 - i. Directly by the licensee:

 - ii. By licensed disposal site:

 - iii. By waste contractor:

- c. All radioactive materials have been removed, any remaining residual radioactivity is within the limits of COMAR 26.12.01.01 Section D “Radiological Criteria for License Termination” and is ALARA.

- d. Acknowledgement of receipt of the material by transfer or by disposal site which includes details of source information is attached. Written acknowledgements must come from the licensee seeking termination **AND** the licensee accepting material, signed and dated by a certifying officer of each licensee/company.

SURVEYS PERFORMED AND REPORTED

- 1. A radiation survey was conducted by the licensee or consulting party.

This survey includes:

- a. the floor map(s) of all restricted areas, indicating areas of RAM storage, usage, and waste
- b. wipe test and area survey results listed according to location on floor map (i.e. countertop, injection bed, waste bins)
- a. instrumentation used, with background/source response checks

This survey confirms:

- a. the absence of licensed radioactive materials
- b. that any remaining residual radioactivity – non-fixed (removable) radioactive contamination, licensed or unlicensed – is within the limits of COMAR 26.12.01.01 Section D “Radiological Criteria for License Termination” and is ALARA.

- 2. A copy of the radiation wipe test results: *(must be in DPM and microcuries)*

- a. is attached; or
- b. is not attached (provide explanation); or



SURVEYS PERFORMED AND REPORTED *(continued)*

- c. was forwarded to the MDE Radiological Health Program on DATE:
- 3. A radiation survey is not required as only sealed sources were ever possessed under this license. The latest leak test results are attached. *For a sealed source containing 3.7 MBq (100 µCi) or less of beta or gamma emitting material or 370 KBq (10 µCi) or less of alpha emitting material no leak testing is required.*
- 4. For the latest sealed sources in the licensee’s inventory:
 - a. a copy of the latest sealed source inventory is attached
 - b. the most recent leak test results before disposal are attached; or
 - c. a certificate from the supplier indicating the source was tested for leakage within 6 months before transfer to the licensee is attached

TERMINATION REQUEST LETTER

- 1. A letter requesting license termination: *(must be on company letterhead and include date, license number, printed name and title and signature of a representative of the company who is authorized to sign)*
 - a. is attached; or
 - b. was forwarded to the MDE Radiological Health Program on DATE:

CONTACT PERSON REGARDING THE INFORMATION ON THIS FORM

Name	Telephone Number (Include the area code)
Title	Email Address

Mail all future correspondence regarding this license to:

CERTIFYING OFFICIAL

I certify under penalty of perjury that the foregoing is true and correct.

Printed Name and Title

Signature of Certifying Official

Date