

# MISSISSIPPI STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DISPOSITION OF RADIOACTIVE MATERIALS

**All items must be completed**

Licensee Name	License Number	License Expiration Date	
Address	City	State	Zip Code

**The licensee, and anyone executing this certificate on behalf of the licensee, certifies that** (complete the appropriate items below):

**A. Materials information**

<input type="checkbox"/>	1. No radioactive materials have ever been possessed or procured under this license.
<input type="checkbox"/>	2. All radioactive materials procured and/or possessed by the licensee under the license number stated above have been disposed of by decay.
<input type="checkbox"/>	3. All radioactive materials procured and/or possessed by the licensee under the license number stated above have been transferred.
Date Transferred _____	Transferred to (Name and Address) _____ _____
Transferred to License Number _____	_____
License Issued by (Check One)	Issued by State of: _____
<input type="checkbox"/> NRC	<input type="checkbox"/> Agreement State
<input type="checkbox"/>	4. Materials have been disposed of in the following manner (Describe specific disposal procedures, attach supplemental sheets if more space is needed).

**B. Other information**

<input type="checkbox"/>	1. Our license has not yet expired; please terminate it.		
<input type="checkbox"/>	2. Were radiation surveys and/or wipe tests conducted to confirm the absence of licensed radioactive materials and to determine if any contamination remains on the premises covered under the license?		
<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes (attach a copy of the results)		
Name of Person to be Contacted Regarding the Information Provided on this Form		Telephone Number	
Mail all Future Correspondence Regarding this License to			
Address	City	State	Zip Code

**The undersigned, on behalf of the licensee, hereby certifies that licensable quantities of radioactive material under the jurisdiction of the Mississippi Division of Radiological Health are not possessed by the licensee. It is therefore requested that the referenced license be terminated.**

Return To:  
Mississippi State Department of Health  
Division of Radiological Health  
3150 Lawson Street  
Jackson, MS 39215-1700

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name and Title

## **Instructions for Completing Disposition Form 1061**

- A. Indicate all necessary information regarding the radioactive material(s) that is being transferred.**
- 1. Check if no radioactive material has ever been possessed under this license,**
  - 2. Check if radioactive material possessed under this license was disposed of by decay,**
  - 3. Check if radioactive material possessed under this license has been, or is being, transferred to another licensee. State the date of transfer and organization name and address. Include the licensee's license number and check if license was issued by the NRC or Agreement State. If by an Agreement State, include the State, or**
  - 4. Check, and describe, if radioactive material has been disposed of in a separate manner not previously indicated. Describe specific disposal procedures and attach any supplemental sheets.**
- B. Indicate all additional information regarding the license from which radioactive material is being transferred from.**
- 1. Check if the license has not yet expired and want to terminate the license.**
  - 2. Check if radiation surveys and/or wipe tests were performed to confirm the absence of any contamination.**
  - 3. Indicate individual to be contacted regarding the information on the Disposition Form. In addition, include that individual's telephone number, mailing address, city, state, and zip code.**
  - 4. If the individual to be contacted regarding the information on the Disposition Form will change in the near future, indicate the new correspondence's name, address, telephone number, city, state, and zip code.**
- C. Disposition Form must be signed and dated. Print name and title of person responsible for signing the document**
- D. Mail Disposition Form, and all corresponding attachments, to the address listed for Mississippi State Department of Health: Division of Radiological Health.**