

Joe Lombardo
Governor

Laura Rich,
Director



DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION OF PUBLIC
and BEHAVIORAL HEALTH



Andrea R. Rivers,
MS
Administrator

Ihsan Azzam,
Ph.D., M.D.,
Chief Medical
Officer

Facility Attestation of Termination

In accordance with NAC 459.166 the applicant for registration of a radiation producing machine is required to notify the division of termination within 15 days. Failure to fill out this form completely and accurately may result in the denial of the termination request.

Registrant / Facility Name

Nevada Registration Certificate No.

Street Address

Ste/Apt#

City

State

Zip Code

Tel No.

Fax No.

Email Address

Make

Model

Serial No.

The Signee below must be the facility registrant or designated responsible individual. The undersigned, on behalf of the registrant, hereby requests that the registration be terminated for the above referenced Radiation Producing Machine.

Please select:

☐ I have enclosed a copy of the service invoice or statement from the registered installer/service company who performed the de-installation on this machine. *Invoice must include serial number on file with Radiation Control Program and date.

☐ I attest that I am no longer in possession **and** unable to provide any documentation of termination of the above-mentioned radiation producing machine (**must be older than six months**).

Estimated Date of Termination _____

Comments: _____

I certify that the above information is correct to the best of my knowledge.

Full Name: _____ Title: _____
(Printed)

Signature: _____ Date: _____