



Request for Revocation and Record of Disposition of Nuclear Substances and Radiation Devices

Licensee Name	Licence Number	Licence Expiration Date
<p>This is to certify that we no longer require this licence and we request that the licence be revoked. (check and/or complete the appropriate items below)</p>		
<p><input type="checkbox"/> 1.0 No nuclear substances or radiation devices have ever been possessed by the licensee pursuant to the above-referenced licence and no nuclear substance or radiation device is currently in the licensee's possession.</p>		
OR		
<p><input type="checkbox"/> 2.0 All activities authorized by this licence have ceased and all nuclear substances and/or radiation devices possessed by the licensee pursuant to the above-referenced licence have been transferred or disposed of in the following manner: (please attach a letter of confirmation from the recipient indicating that the nuclear substances and/or radiation devices were received)</p> <p><input type="checkbox"/> Transfer of the nuclear substance(s) or radiation device(s) to another licensee: Company name: _____ Licence number: _____</p> <p><input type="checkbox"/> letter of confirmation attached:</p>		
AND (Complete all relevant sections)		
<p><input type="checkbox"/> 2.1 Contamination monitoring was conducted by the licensee and confirms:</p> <p><input type="checkbox"/> The absence of radioactive contamination</p> <p><input type="checkbox"/> Any remaining residual contamination is within the limits specified on the above-referenced licence and is ALARA</p> <p><input type="checkbox"/> 2.2 A copy of the contamination monitoring results:</p> <p><input type="checkbox"/> is attached <input type="checkbox"/> is not attached <input type="checkbox"/> was forwarded to the CNSC on: _____ date _____ (provide explanation)</p> <p><input type="checkbox"/> 2.3 Only sealed sources or radiation devices were ever possessed pursuant to the above-referenced licence and no leaking sources have ever been identified.</p> <p><input type="checkbox"/> 2.4 All radiation warning signs have been removed.</p>		
Name and title of licensee representative		
Signature		Date

Please return the completed form to the Canadian Nuclear Safety Commission at:

280 Slater Street , P.O. Box 1046 Station B
Ottawa, Ontario K1P 5S9
Fax: 613-995-5086
Email: forms-formulaires@cnscccsn.gc.ca

