Kentucky Public Health
Prevent. Promote. Protect.

Kentucky Department of Public Health
Radiation Health Branch

# Formal Disposition of Machine(s) or Termination of Registration

| | |
|---|---|
| **Facility Name:** | |
| **Facility Registration #:** | |
| **Address:** | |
| **Contact Name:** | **Phone:** |
| **Contact Email:** | |

## I am disposing of or selling the following Radiation Producing Machines

| Make | Model and Serial Number | **Type and Use Description** (Dental, Medical-Diagnostic Radiographic, Industrial - Analytical etc) |
|---|---|---|
| | | |
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| | | |
| | | |

- Multiple copies of this form can be sent in if more spaces are needed to complete required machine disposals. After completion of form email the form into rpm@ky.gov.

## Check appropriate actions below specific to your termination or disposition needs:

| ☐ **The following company is overseeing disposal of my radiation producing machine(s):** | |
|---|---|
| Contact Name: | Phone: |

| ☐ **I am Transferring / selling my business or radiation producing machine(s) to:** | |
|---|---|
| Contact Name: | Phone: |
| Registration #: | Email: |

| ☐ **After disposition I want to terminate my registration #** |
|---|
| Registration #: |

| **Required Signature** | |
|---|---|
| Signature of Management: | Name: |
| Title: | Date: |

| **Branch Use Only** | |
|---|---|
| Date Received: | Resolution Date: |