



<p>NRC FORM 314 (02-2014) 10 CFR 30.36(h)(1); 40.42(d)(1); 70.38(d)(1); and 72.54(k)(5)(1)(i)</p>		<p>U.S. NUCLEAR REGULATORY COMMISSION</p> <h2 style="margin: 0;">CERTIFICATE OF DISPOSITION OF MATERIALS</h2>	<p>APPROVED BY OMB: NO. 3150-0028 EXPIRES: 02/28/2017</p> <p><small>Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (7-5 F33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to InfoCollections.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</small></p>								
<p>LICENSEE NAME AND ADDRESS</p> <p style="font-size: 1.2em;">AA+ A MEDICAL 29600 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 48034</p>		<p>LICENSE NUMBER</p> <p style="font-size: 1.2em;">21-32818-01</p>	<p>DOCKET NUMBER</p> <p style="font-size: 1.2em;">030-38423</p>								
<p>LICENSE EXPIRATION DATE</p> <p style="font-size: 1.2em;">30 JUNE 2021</p>											
<p style="text-align: center;">A. LICENSE STATUS (Check the appropriate box)</p> <p> <input checked="" type="checkbox"/> This license has expired. <input type="checkbox"/> This license has not yet expired; please terminate it. PLEASE TERMINATE LICENSE </p>											
<p style="text-align: center;">B. DISPOSAL OF RADIOACTIVE MATERIAL</p> <p style="text-align: center;"><small>(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)</small></p> <p>The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:</p> <p> <input type="checkbox"/> 1. No radioactive materials have ever been procured or possessed by the licensee under this license. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> a. Transfer of radioactive materials to the licensee listed below: <input type="checkbox"/> b. Disposal of radioactive materials: <input type="checkbox"/> 1. Directly by the licensee: <input type="checkbox"/> 2. By licensed disposal site: <input type="checkbox"/> 3. By waste contractor: <input checked="" type="checkbox"/> c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA. </p>											
<p style="text-align: center;">C. SURVEYS PERFORMED AND REPORTED</p> <p> <input type="checkbox"/> 1. A radiation survey was conducted by the licensee. The survey confirms: <input type="checkbox"/> a. the absence of licensed radioactive materials <input type="checkbox"/> b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA. <input checked="" type="checkbox"/> 2. A copy of the radiation survey results: <input type="checkbox"/> a. Is attached; or <input checked="" type="checkbox"/> b. Is not attached (Provide explanation); or <input type="checkbox"/> c. was forwarded to NRC on: _____ Date _____ <small>NO COPY - CONTACT AHEVL AMARANT</small> <input type="checkbox"/> 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and <input type="checkbox"/> a. The results of the latest leak test are attached; and/or <input type="checkbox"/> b. No leaking sources have ever been identified. </p>											
<p>The person to be contacted regarding the information provided on this form:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NAME</td> <td style="width: 25%;">TITLE</td> <td style="width: 25%;">TELEPHONE (Include Area Code)</td> <td style="width: 25%;">E-MAIL ADDRESS</td> </tr> <tr> <td>RAY CARLSON</td> <td>CONSULTANT</td> <td>734-4554730 734-3957361</td> <td></td> </tr> </table>				NAME	TITLE	TELEPHONE (Include Area Code)	E-MAIL ADDRESS	RAY CARLSON	CONSULTANT	734-4554730 734-3957361	
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RAY CARLSON	CONSULTANT	734-4554730 734-3957361									
<p>Mail all future correspondence regarding this license to:</p> <p style="font-size: 1.2em;">HENRY A SHEVITZ MD PO BOX 7384 / BLOOMFIELD HILLS, MI / 48302-7384</p>											
<p>C. CERTIFYING OFFICIAL</p> <p>I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT</p>											
<p>PRINTED NAME AND TITLE</p> <p style="font-size: 1.2em;">HENRY A SHEVITZ MD</p>		<p>SIGNATURE</p> <p></p>	<p>DATE</p> <p style="font-size: 1.2em;">2 MARCH 2015</p>								
<p><small>WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.</small></p>											