

CERTIFICATE OF DISPOSITION OF MATERIALS

(All items MUST be completed, please print)

LICENSEE NAME AND ADDRESS

TOMS RIVER X-RAY

PARVIZ KHORRAMI, M.D.
651 Hwy. 37 West
Toms River, N.J. 08753

LICENSE NUMBER

29-20682-01

LICENSE EXPIRATION DATE

April 30, 1986

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)

PARVIZ KHORRAMI MD

A. MATERIALS DATA (Check one and complete, as necessary)

☒ 1. NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.

OR

☐ 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON

DATE

TO

WHICH HAS NRC LICENSE NUMBER

OR

☐ 3. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON

DATE

TO

WHICH HAS LICENSE NUMBER

ISSUED BY THE STATE OF

OR

☒ 4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (Describe specific disposal procedures—if additional space is needed, use the reverse of this form, or provide attachments)

Materials were purchased & disposed
of by Syncor Corp.

B. OTHER DATA

☒ 1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.
☐ 2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one)

☒ NO

YES, THE RESULTS (Check one)

ARE ATTACHED, OR

WERE FORWARDED TO NRC ON (Date)

RECEIVED BY LFMB
Date 6/19/85
Leg. June 14 - I
By Jacques
Orig. To
Action Compl. 6/19/85

3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM

NAME

DR. PARVIZ KHORRAMI M.D.

TELEPHONE NUMBER

(609) 244-0777

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

"OFFICIAL RECORD COPY" ML10

FEE EXEMPT term

RETURN TO:

CERTIFYING OFFICIAL

DIRECTOR, DIVISION OF FUEL CYCLE AND MATERIAL SAFETY
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555

SIGNATURE

P. Khorrami MD

DATE

6/10/85

PRINTED NAME AND TITLE

PARVIZ KHORRAMI M.D.

19043

8508280199 850721

REG1 LIC30

29-20682-01

PDR