

CERTIFICATE OF DISPOSITION OF MATERIALS

(All items MUST be completed, please print)

LICENSEE NAME AND ADDRESS Ford Motor Company Radiological Health Office Employee Health Services, Room 104 15000 Century Drive Dearborn, Michigan 48120	LICENSE NUMBER 21-04114-24
	LICENSE EXPIRATION DATE 10/31/85

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

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
July 11, 1985	Texas Nuclear, Austin, Texas	6-3524	Texas

AN AGREEMENT STATE PURSUANT TO SECTION 274 OF THE ATOMIC ENERGY ACT OF 1954, AS AMENDED, AND THE ENERGY REORGANIZATION ACT OF 1974.

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)

RECEIVED BY LFMS

Date Aug 9 1985

Log. 3/4/85

By [Signature]

Orig. To [Signature]

Action Comm. [Signature]

U.S. NRC
FEE EXEMPT
BRANCH

85 AUG -9 P2:02

85 AUG -7 P3:01

RECEIVED

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 All sealed sources/shielded devices. All leak test results $<0.005 \mu\text{Ci}$ WERE FORWARDED TO NRC ON (Date)

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

NAME	Donald A. Greschaw, Radiation Health Specialist Employee Health Services	TELEPHONE NUMBER	(313) 59-46955
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4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

Same (Confirmation of license termination requested)

19139

8509110405 850827
REG3 LIC30
21-04114-24 PDR

RETURN TO:

DIRECTOR, DIVISION OF FUEL CYCLE AND MATERIAL SAFETY
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555
cc: NRC III Regional Office

CERTIFYING OFFICIAL

SIGNATURE	DATE
<u>[Signature]</u>	8/5/85
PRINTED NAME AND TITLE	D. A. Greschaw Radiation Health Specialist