

Date

Ohio Department of Health
Bureau of Radiation Protection
246 North High Street
Columbus, Ohio

RE: License # _____

To Whom It May Concern:

Please amend the above referenced license for our facility, to reflect a change of address.

Delete reference to _____ and change to:

(ADDRESS)

All radioactive material was transported by (_____) to the new address.

A closeout survey and wipe testing were performed, with results being within those specified by the Ohio Administrative Code. Copies are enclosed.

An inventory list of sealed sources along with the last wipe test results are attached. A facility diagram is also included.

All other conditions of the above referenced license will be adhered to. The equipment is the same as listed on this license.

A check in the amount of \$_____ to cover the amendment fee is forthcoming.

Please contact me if you have any questions.

Sincerely,

(Administration)

Enclosures