

RECEIPT RECORD

LICENSEE:

LICENSE NO: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

In accordance with the Mississippi State Board of Health Regulations for Control of Radiation, on this date, \_\_\_\_\_, the license, \_\_\_\_\_, received the following source(s):

<u>NUCLIDE</u>	<u>ACTIVITY</u>	<u>MANUFACTURER</u>	<u>MODEL</u>	<u>SERIAL NO.</u>
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FROM THE FOLLOWING LICENSEE:

Name: \_\_\_\_\_

License No: \_\_\_\_\_ (Note: Enclose copy if not Mississippi Licensee.)

Expiration Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: Transfer records shall be maintained for inspection by the Division of Radiological Health, Mississippi State Department of Health.