TRANSFER RECORD

LICENSEE:_________________________ LICENSE NO:________________

EXPIRATION DATE:______________

In accordance with the Mississippi State Department of Health Regulations for Control of Radiation, on this date, __________, the license, ____________________________, transferred the following source(s):

<table>
<thead>
<tr>
<th>NUCLIDE</th>
<th>ACTIVITY</th>
<th>MANUFACTURER</th>
<th>MODEL</th>
<th>SERIAL NO</th>
</tr>
</thead>
</table>

TO THE FOLLOWING LICENSEE:

Name:_________________________

License No:___________________ (Note: Enclose copy, if not a 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.