RECEIPT 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, ____________________________, received 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>

FROM THE FOLLOWING LICENSEE:

Name:_________________________

License No:____________________ (Note: Enclose copy, if not a Mississippi Licensee.)

Expiration Date: _______________

Print Name:____________________

Title:_________________________

Signature:_____________________

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