NF202B

## **Notification Form**

## Cessation of medical radiological installation





Section 1. Undertaking details			For official use
Undertaking <b>name</b>			
Undertaking address	Address line 1		
	Address line 2		
	County		
	Eircode		
Undertaking email address			
Undertaking contact number			

Section 2. Cessation of practice of medical radiological installation							Date of proposed cessation	For official use	
Medical radiological installation <b>name</b>	Medical radiological installation <b>address</b> (include Eircode)	Medical radiological installation service type							
		Dental	General Radiography	Radiotherapy	Nuclear Medicine	Interventional radiology/ cardiology	Computed Tomography		

Section 3. Declaration								
I, the undersigned, declare as the undertaking/on behalf of the undertaking that the information I have provided in this notification form is to the best of my knowledge and belief.								
Signed by (tick as appropriate)	Sole trader							
	Partner of the partnership							
	Director of the company							
	Member of the committee of management or other controlling authority of an unincorporated body							
	Member of the board, directorate or other governance structure of the body corporate							
Name								
Job title								
Signature								
	Type your name in the signature field							
Date								