GL -							_																		ION 1
Dat	_			_																					1 of 2
(12	C FO I -2006 CFR 3		4															U.S. N	IUCLI	EAR F	REGU	LATO	RY C	SIMMC	SSION
		-						GE	NEF	RAL	LIC	EN	SEE	RE	GIS	TRA	ATIC	N							
		D BY C																							DD/YYYY
Regi NEC	ire a h ulatory B-102	igher lo Comm	evel of nission, 50-019	device Wash 8), Off	e acco ington, ice of N	untabil DC 20 //anage	lity. Se 0555-0 ement a	end co 001, o and Bu	mmen r by int dget, V	ts rega ternet Vashin	arding e-mail ngton, I	burder to info DC 205	n estim collect 503. If a	nate to s@nrc a mean	the Re gov, a. s used	ecords nd to t to imp	and F he Des ose ar	OIA/Pi sk Offic n inform	rivacy cer, Of nation	Servic fice of	es Bra Inform	anch (1 nation a	-5 F50 and Re	3), U.S. egulator	evices to Nuclear y Affairs ently valid
Co cha	mple ange	ete al	ll six the a	sect appli	tions cable	of t	his r xes.	egist USE	ratio	on fo PITA	orm. AL LE	If ar	ny of ERS.	the	prep	rinte	ed inf	form	atior	ı is i	ncor	rect	, pro	vide	the
	gistr	I Lice			r 		SE	СТІС	ON 1	- GE	ENEF	RAL	LICE	NSE	E IN	FOR	MAT	TON							
		ne co s, sp															use	for th	ne de	evice	e(s).	For	port	able	
Со	mpa	ny Na	ame:																						
De	partr	nent:							•														•		
Ad	dres	s Line	e 1:																						
Ad	dres	s Line	e 2:																				1		
Cit	y:			<u> </u>							<u> </u>	<u> </u>	<u>I</u>										1		
Sta	ıte:									Zip	Cod	e:] -]		
					4																		1		
					Fo	or NI	RC L	Jse (Only	,															
							ot w						C	Categ	ory:	L	L								
											Pack	et Re	ceipt	Date	(MM	IDDY	YYY)								
														Acce	essio	n Nu	mber								
							L	L	L		L	L	L												

SECTION	1
PAGE 2 of	2

GL -				-			
	 _	 	 		_	_	
Date							

State:

SECTION 1 - GENERAL LICENSEE INFORMATION (Continued) Enter the name, telephone number, and title of the person who is the responsible individual for the device(s). Last Name First Name: Middle Initial: Telephone: Extension: Title: Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the use or storage location of your device(s). Department: Address Line 1: Address Line 2: City:

Zip Code:

GL -							_																	DN 2	
Date				_	S	FCTI	ON 2	2 - DI	=VIC	FS S	UR.	IFCT	то	RFG	ISTE	RATI	ON					PAG	GE 1	of 1	
Our	rec	ords	indi	cate														ation	as n	eces	ssary	y .			
NRC	Dev	vice l	K ey																						
Man	ufac	cture	r Nar	ne:																					
																								1	
Man	ufac	cture	r Lice	ense	Nur	nber:	•		•	•			•	•	•					•		•			
]												
Dev	ice N	Mode	el:					ı					1												
					T																			1	
Dev	ice S	Seria	l Nur	nber	:												<u> </u>						ı		
Isoto	ope:				•		Red	ceipt	Date	: MN	//DE)/YY	YY (if kno	own)										
					1			1	1 [1		Not	in poss	ession	of de	vice			
																	(/ / / / / /		John C.		4)			
		<u> </u>			J		N	1M] <u> </u>	DD			ΥY	ΥΥ]		(Also	o comp	olete Se	ection	4)			
		<u> </u>					N	1M		DD			YY	ΎΥ]		(Also	o comp	olete Se	ection	4)			
		vice I					N.	1M	J L	DD			YY	YY				(Alse	o comp	olete Se	ection	4)			
		vice I		ne:			\	1 //M	- -	DD			YY	YY) (Also	o comp	olete So	ection	4)			
				me:		 		 M	- -	DD			YY	YYY				(Also	o comp	olete So	ection	4)			
Man	ufac	cture	r Nar		Nur	mber:		1M	- -	DD			YY	YYY				(Also	o comp	olete So	ection	4)]	
Man	ufac	cture	r Nar		Nur	mber		1M		DD				YY				(Also	o comp	olete Se	ection	4)]	
Man Man	ufac	cture	r Nar		Nur	mber:		1 1M	- 	DD			YY	YY				(Also	o comp	olete Se	ection	4)]	
Man Man	ufac	cture	r Nar		Nur	mber:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	DD			YY	YYY				(Also	o comp	lete Si	ection	4)]	
Man Man Dev	ufac	cture	r Nar	ense		mber:		1 1M	-	DD			YY	YYY				(Also	o comp	lete Si	ection	4)]	
Man Man Dev	ufac	cture cture Mode	r Nar	ense		mber:		 		DD			YY	YYY				(Also	o comp	lete Si	ection	4)]	
Man Man Dev	ufac	cture Mode	r Nar	ense		mber:		dM			<i>M</i> /DE				pwn)			(Also	o comp	elete Si	ection	4)			
Man Dev Dev	ufac	cture Mode	r Nar	ense		mber:			Date						Down)			Not	in poss	elete So	an of de	4)			

SECTION	3
PAGE 1 of	1

GL -							-		
	_	_	_	_	_	_		_	
Date									

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

Provide information about other devices you have that are subject to registration.

Manu	ıfac	turer	/Initia	al Tra	ansfe	eror N	lame)																	_
Manu	ıfac	turer	/Initia	al Tra	ansfe	eror L	icen	se N	umb	er (if	knov	vn)	ī												
Devi	e N	1ode	l Nur	nber						ı				ı	I								ı		1
Devi	e S	erial	Nun	nber	ı					ı				ı	1	ı	1						ı	ı	1
How (e.g., manu licens	froi Ifac	m a d turer	distri , oth	butoı er	r/		Oth		ener	al Lic		ansfe	eror l	Date			<u> </u>	MM		DD		YY	ΥΥ]
Isoto	ре						A	ctivity	/ <u> </u>												Uni	t			
Isoto	ре						A	ctivity	/												Uni	t			
Isoto	ре						A	ctivity	/ <u> </u>												Uni	t [
Isoto	ре						A	ctivity	/ <u> </u>												Uni	t			
Isoto	ре						A	ctivity	/												Uni	t			
Isoto	ре						A	ctivity	/												Uni	t			
Isoto	ре						A	ctivity	/ <u> </u>												Uni	t [
Isoto	ре						A	ctivity	/ <u> </u>												Uni	t [
Isoto	ре						A	ctivity	<i>,</i>												Uni	t			
Isoto	ре						A	ctivity	,												Uni	t			

GL		E 1 o	
SECTION 4 - NOT IN POSSESSION OF DEVICE	FAG		,, ,
Provide information about devices listed in Section 2 or 6, but no longer in your possession.			
Part 1 Transfer Date			
NRC Device Key (from Section 2 or 6)			
Location of the Device: MM DD YYYY			
Whearabouts Unknown(Complete Part 1 only)Transferred to another general licensee:(Complete Parts 2 and 3)			
Never Possessed the Device (Complete Part 1 only) Disposed of/Transferred to a Specific Licensee (Complete Part 2)			
Returned to Manufacturer			
(Complete Part 1 only) Part 2			
License Number of Recipient (if applicable)			
Company Name:			
Department:			
Address Line 1:			
Address Line 2:			
City:			
State: Zip Code:			
Part 3 Enter the name of the individual responsible for this device.			
Last Name:	_		
First Name: Middle Initial:			
Telephone Number: Extension			
Title			

SECTION	5
PAGE 1 of	1

GL -	SECTION 5
Date	——————————————————————————————————————
Date	SECTION 5 - CERTIFICATION
I here	eby certify that:
A.	All information contained in this registration is true and complete to the best of my knowledge and belief.
B.	A physical inventory of the devices subject to registration has been completed, and the device information on this
	form has been checked against the device labeling.
C.	I am aware of the requirements of the general license, provided in 10 CFR 31.5.
	(Copies of applicable regulations may be viewed at the NRC web site at www.nrc.govreading-rm/doc-collections/cfr/

WARNING: FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

GL -							-			
	_	_	_	_	_	_		_	_	
-										

SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

NRC Device Key:	Manufacturer License No.:	
Manufacturer Name:		
Model Number:	Serial No.:	Transfer Date:
Isotope:	Activity:	Unit:
NRC Device Key:	Manufacturer License No.:	
Manufacturer Name:		
Model Number:	Serial No.:	Transfer Date:
Isotope:	Activity:	Unit:
NRC Device Key:	Manufacturer License No.:	
Manufacturer Name:		
Model Number:	Serial No.:	Transfer Date:
Isotope:	Activity:	Unit:
NRC Device Key:	Manufacturer License No.:	
NRC Device Key: Manufacturer Name:	Manufacturer License No.:	
	Manufacturer License No.: Serial No.:	Transfer Date:
Manufacturer Name:		Transfer Date: Unit:
Manufacturer Name: Model Number:	Serial No.:	
Manufacturer Name: Model Number: Isotope:	Serial No.: Activity:	
Manufacturer Name: Model Number: Isotope: NRC Device Key:	Serial No.: Activity:	
Manufacturer Name: Model Number: Isotope: NRC Device Key: Manufacturer Name:	Serial No.: Activity: Manufacturer License No.:	Unit:
Manufacturer Name: Model Number: Isotope: NRC Device Key: Manufacturer Name: Model Number:	Serial No.: Activity: Manufacturer License No.: Serial No.:	Unit: Transfer Date:
Manufacturer Name: Model Number: Isotope: NRC Device Key: Manufacturer Name: Model Number: Isotope:	Serial No.: Activity: Manufacturer License No.: Serial No.: Activity:	Unit: Transfer Date:
Manufacturer Name: Model Number: Isotope: NRC Device Key: Manufacturer Name: Model Number: Isotope: NRC Device Key:	Serial No.: Activity: Manufacturer License No.: Serial No.: Activity:	Unit: Transfer Date:
Manufacturer Name: Model Number: Isotope: NRC Device Key: Manufacturer Name: Model Number: Isotope: NRC Device Key: Manufacturer Name:	Serial No.: Activity: Manufacturer License No.: Serial No.: Activity: Manufacturer License No.:	Unit: Transfer Date: Unit: