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| Enter t devices | he co s, spe | mpa ecify | ny n the | ame prim | and ary s | stre stora | et ac ge lo | ldre: ocati | ss fo ion. | r the Do r | e phy not u | /sica se P | I loc . O. I | atio Boxe | n of es. | use f | or th | e de | vice | e(s). | For | porta | able | |
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| Date | <u> </u> | | |

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).

| Las | t Nar | ne | | | | | | | | | | | | |
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| Firs | t Nar | ne: | | | | | | | Mid | dle Ir | nitial: | | | |
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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:

| Add | ress | Line | 1: | | | | | | | | | | | |
|------|------|------|----|---|--|--|-----|-------|-----|--|--|---|--|--|
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| Add | ress | Line | 2: | | | | | | | | | | | |
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| Stat | e: | | |] | | | Zip | o Coc | de: | | | - | | |

| Date PAGE 1 of 1 SECTION 2 - DEVICES SUBJECT TO REGISTRATION Our records indicate that you have these devices. Please update the information as necessary. NRC Device Key | GL | | | | | | | | | | | | | | | | | | | | | | |
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| NRC Device Key | | SE | стю |)N 2 - | - DE | VICI | ES S | UBJ | ЕСТ | то | REG | ISTI | RATI | ON | | | | | | JL I | | I | |
| Manufacturer Name: Manufacturer License Number: Device Model: Device Serial Number: Manufacturer Name: Device Key Manufacturer Name: Device Nodel: Manufacturer Name: Manufacturer Name: Device Serial Number: Device Serial Number: Manufacturer License Number: Manufacturer License Number: Device Model: Manufacturer License Number: Device Model: Manufacturer License Number: Device Model: Manufacturer License Number: Manufacturer License Number: Device Serial Number: Manufacturer License Number: Manufact | Our records indicate | that y | you l | have | the | se d | levic | es. | Plea | se u | pdat | e th | e inf | orma | tion | as n | eces | ssary | /. | | | | |
| Manufacturer License Number: | NRC Device Key | | | | | - | | | | | | | | | | | | | | | | | |
| Image: Serial Number: Image: Serial Number: <td< td=""><td>Manufacturer Name:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td></td<> | Manufacturer Name: | | | | | | | | | | | | | | | | | | | | _ | | |
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| Image: Serial Number: Device Serial Number: Isotope: Receipt Date: MM DD NRC Device Key MM DD Manufacturer Name: Image: Complete Section 4) Manufacturer Name: Device Key Image: Complete Section 4) Manufacturer Name: Image: Complete Section 4) Manufacturer License Number: Device Model: Image: Complete Section 4) Device Serial Number: Image: Complete Section 4) Manufacturer License Number: Image: Complete Section 4) Manufacturer License Number: Image: Complete Section 4) Device Model: Image: Complete Section 4) | Manufacturer License | Numb | ber: | | | | | | | | | | | | | | | | | | | | |
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| MM DD YYYY NRC Device Key | |] | Γ | | | Γ | | | | | | | | С | | | | | | | | | |
| Manufacturer Name: Manufacturer License Number: Manufacturer License Number: Device Model: Device Serial Number: Stotope: Receipt Date: MM/DD/YYYY (if known) Not in possession of device (Also complete Section 4) | | 4 | | N 41 | 4 | - | | | | | /vv | | - | - | (| | | | - / | | | | |
| Manufacturer Name: Manufacturer License Number: Manufacturer License Number: Device Model: Device Serial Number: Stope: Receipt Date: MM/DD/YYYY (if known) Not in possession of device (Also complete Section 4) | | | | IVIN | VI | | טט | | | TT | II | | | | | | | | | | | | |
| Manufacturer License Number: Manufacturer License Number: Device Model: Device Serial Number: Stope: Receipt Date: MM/DD/YYYY (if known) Not in possession of device (Also complete Section 4) | | | | IVIN | VI | | UU | | | | 11 | | | | | | | | | | | | |
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| Device Model: Device Serial Number: Isotope: Receipt Date: MM/DD/YYYY (if known) Mot in possession of device (Also complete Section 4) | | | | | | - | | | | | | | | | | | | | | | | | |
| Device Serial Number: Isotope: Receipt Date: MM/DD/YYYY Mot in possession of device (Also complete Section 4) | Manufacturer Name: | | | | | - | | | | | | | | | | | | | | | | | |
| Device Serial Number: Isotope: Receipt Date: MM/DD/YYYY Mot in possession of device (Also complete Section 4) | Manufacturer Name: | | Der: | | | _ | | | | | | | | | | | | | | | | | |
| Isotope: Receipt Date: MM/DD/YYYY (if known) | Manufacturer Name: | Numb | Der: | | | - | | | | | | | | | | | | | | | | | |
| Isotope: Receipt Date: MM/DD/YYYY (if known) | Manufacturer Name: Manufacturer License | Numt | Der: | | | - | | | | | | | | | | | | | | | | | |
| Not in possession of device (Also complete Section 4) | Manufacturer Name: Manufacturer License | Numt | ber: | | | - | | | | | | | | | | | | | | | | | |
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| | Manufacturer Name: Manufacturer License Device Model: Device Serial Number | | | | | Date | | | | | | Jown) | | | | | | | | | | | |
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| SI | ECTION 3 - AI | DDITIO | NAL I | DEVI | CES | SUE | JEC | тт |) RE | GIS | FRA 1 | | | | | | | |
| Provide information abou | t other device | es you | have | that | are s | subje | ect to | o reg | jistra | ation | | | | | | | | |
| Manufacturer/Initial Transfe | ror Name | | _ | | 1 | 1 | | 1 | | 1 | | 1 | | 1 | | - | -1 | |
| | | | | | | | | | | | | | | | | | | |
| Manufacturer/Initial Transfe | ror License Nu | umber (| if kno | wn) | 1 | | | | | | | | | | | | | |
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| Device Model Number | <u> </u> | | _ | - | - | | | 1 | T | r | | 1 | 1 | 1 | | T | | |
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| Device Serial Number | | | | 1 | | | | 1 | | 1 | 1 | | | 1 | | 1 | | |
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| How acquired and date (e.g., from a distributor/ | O Manufac | | | | eror l | | | ve | | | , | | | | | - | | |
| manufacturer, other licensee, other source)? | Other Ge | | icens | е | | Date | e eive | d. | | | | | | | | | | |
| | () Other Sc | NUROO | | | | 1.00 | 00 | a . | | | | l. | | | | | | |
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| Isotope | Other Sc | | | | | | | | N | ИМ | | DD | | Uni | - | /YY | | |
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| GL Date SECTION 4 - NOT IN POSSESSION OF DEVICE | SECTION 4 PAGE 1 of 1 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 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: | <u> </u> |
| | |
| Part 3 Enter the name of the individual responsible for this device. | |
| Last Name: | <u> </u> |
| | |
| First Name: Middle Initial: | |
| | |
| Telephone Number: Extension | |
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|------|------|------|------|---|--|
| Date | | | | | |

I hereby 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/

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

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. GL -Date

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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 .: | |
| 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: |