



**TRANSFERS OF INDUSTRIAL  
DEVICES REPORT  
(TO GENERAL LICENSEES)**

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:**

Name of Vendor	Reporting Period	
	From	To
License Number		

**Intermediate Person(s) (if any)**

Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

**General Licensee Information**

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
Name of Responsible Individual	Business Telephone Number		
Title of Responsible Individual			

**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

**Intermediate Person(s) (if any)**

Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

**General Licensee Information**

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
Name of Responsible Individual	Business Telephone Number		
Title of Responsible Individual			

**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

**TRANSFERS OF INDUSTRIAL DEVICES REPORT  
 (TO GENERAL LICENSEES) (continued)**

**Intermediate Person(s) (if any)**

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

**General Licensee Information**

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
Name of Responsible Individual	Business Telephone Number		
Title of Responsible Individual			

**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

**Intermediate Person(s) (if any)**

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
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**General Licensee Information**

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
Name of Responsible Individual	Business Telephone Number		
Title of Responsible Individual			

**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

**TRANSFERS OF INDUSTRIAL DEVICES REPORT  
 (TO GENERAL LICENSEES) (continued)**

**Intermediate Person(s) (if any)**

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

**General Licensee Information**

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
Name of Responsible Individual	Business Telephone Number		
Title of Responsible Individual			

**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

**Intermediate Person(s) (if any)**

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
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**General Licensee Information**

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
Name of Responsible Individual	Business Telephone Number		
Title of Responsible Individual			

**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

**TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES)**

For each "licensee" from whom a device(s) has been received during the reporting period, supply the following:

**General Licensee Information**

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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**Information on Device(s) Received**

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

**General Licensee Information**

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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**Information on Device(s) Received**

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

**General Licensee Information**

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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**Information on Device(s) Received**

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

**General Licensee Information**

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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**Information on Device(s) Received**

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

(MM-YYYY)  
10 CFR 32 TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES) (continued)

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General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

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Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

**TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)**  
For each device for which required label information has been changed, supply the following:

**General Licensee User Information**

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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**Information on Device(s) Received**

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

**General Licensee User Information**

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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**Information on Device(s) Received**

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

**General Licensee User Information**

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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**Information on Device(s) Received**

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

**General Licensee User Information**

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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**Information on Device(s) Received**

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

**TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES) (continued)**

For each device for which required label information has been changed, supply the following:

**General Licensee User Information**

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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**Information on Device(s) Received**

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

**General Licensee User Information**

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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**Information on Device(s) Received**

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

**General Licensee User Information**

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**Information on Device(s) Received**

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

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**Information on Device(s) Received**

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units