



**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**

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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**

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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)**

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

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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)

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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**

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

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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