NRC FORM 653	NUCLEAR REGUL	NUCLEAR REGULATORY COMMISSION			APPROVED BY OMB: NO. 3150-0001 EXPIRES: (MM/DD/YY)				
(MM-YYYY) 10 CFR 32	DE (TO GE	FERS OF IN EVICES REP ENERAL LIC Form 653, 653A o	PORT ENSEES)	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 FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclea Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@urc.gov and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0001), Attr: Des Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail or <u>submission@omb.eop.gov</u> . The NRC may not conduct or sponsor, and a person is not requirer to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.					
For each "licen	see" to whom a	a device(s) has	been trans	ferred d			supply	the following:	
Name of Vendor						Reporting			
					F	rom		То	
License Number									
		Inte	ermediate P	erson(s)) (if any)	1			
Name of Intermediate Persons(s	1	Name of Responsible In	dividual		Title of Responsible	e Individual		Business Telephone Number	
Name of Intermediate Persons(s	Name of Responsible In	dividual		Title of Responsible	Individual		Business Telephone Number		
	I	Gei	neral Licens	see Info	rmation				
Name of General Licensee					Mailing Address at	the Location of Use (No P	.O. Boxes,	include zip code)	
Name of Responsible Individual		Business Telepho	one Number						
Title of Responsible Individual									
		Informa	ation on De	vice(s) 1	Fransferred				
Date of Transfer	Type of Device	e Mode	I Number	Ser	rial Number Isotope Activity and Units				
		Inte	ermediate P	erson(s)) (if any)				
Name of Intermediate Persons(s) 1	Name of Responsible In	dividual		Title of Responsible Individual Bu			Business Telephone Number	
Name of Intermediate Persons(s)	Name of Responsible In	dividual	Title of Responsible Individual		e Individual		Business Telephone Number	
		Gei	neral Licens	see Info	rmation				
Name of General Licensee					Mailing Address at	the Location of Use (No P	P.O. Boxes,	include zip code)	
Name of Responsible Individual Business Telephone Number									
Title of Responsible Individual			L						
		Informa	ation on De	vice(s) 1	ransferred				
Date of Transfer	Type of Device	e Mode	I Number	Ser	ial Number	Isotope		Activity and Units	
	1					1	1		

of

NRC FORM	653	(Continued)
(MM-YYYY)		
10 CFR 32		

U. S. NUCLEAR REGULATORY COMMISSION

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

			Inte	ermediate Pe	erson(s)) (if any)					
Name of Intermediate Persons(s)		Name of R	esponsible In	dividual		Title of Responsible Individual		Business Telephone Number			
Name of Intermediate Persons(s) Name of Responsible Individual				dividual		Title of Responsible	Individual	Business Telephone Number			
	General Licensee Information										
Name of General Licensee					Mailing Address at t	the Location of Use (No P.O. Boxes	s, include zip code)				
Name of Responsible Individual				ne Number							
Title of Responsible Individual											
			Informa	ation on Dev	vice(s) 1	Fransferred					
Date of Transfer	Type of Devic	ce	Mode	l Number	Ser	ial Number	Isotope	Activity and Units			
			Inte	ermediate Pe	erson(s)	(if any)					
Name of Intermediate Persons(s)		Name of R	esponsible In	dividual		Title of Responsible Individual Business Telephone					
Name of Intermediate Persons(s)		Name of R	esponsible In	dividual		Title of Responsible Individual Business Telephone N					
			Gei	neral Licens	ee Info	rmation					
Name of General Licensee						Mailing Address at t	the Location of Use (No P.O. Boxes	s, include zip code)			
Name of Responsible Individual				Business Telepho	ne Number						
Title of Responsible Individual											
Information on Device(s) Transferred											
Date of Transfer	Type of Devic	ce	Mode	I Number	Ser	ial Number	Isotope	Activity and Units			

NRC FORM	653	(Continued)
(MM-YYYY) 10 CFR 32		

U. S. NUCLEAR REGULATORY COMMISSION

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

	Intermediate Person(s) (if any)										
Name of Intermediate Persons(s)		Name of Re	esponsible In	dividual		Title of Responsible	Individual	Business Telephone Number			
Name of Intermediate Persons(s)		Name of Re	esponsible In	dividual		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				ne Number							
Title of Responsible Individual											
Information on Device(s) Transferred											
Date of Transfer	Type of Devic	ce	Mode	l Number	Ser	ial Number	Isotope	Activity and Units			
			Inte	rmediate Pe	erson(s)) (if any)					
Name of Intermediate Persons(s)		Name of Re	esponsible In	dividual		Title of Responsible Individual Business Telephone					
Name of Intermediate Persons(s)		Name of Re	esponsible In	dividual		Title of Responsible Individual Business Telephone Nur					
			Ger	neral Licens	ee Info	rmation					
Name of General Licensee						Mailing Address at t	he Location of Use (No P.O. Boxes	s, include zip code)			
Name of Responsible Individual				Business Telepho	ne Number						
Title of Responsible Individual											
Information on Device(s) Transferred											
Date of Transfer	Type of Devic	ce	Mode	l Number	Ser	ial Number	Isotope	Activity and Units			

NRC FORM 65	3A			U. S. NUCLEAR REGULATORY COMMISSION		
(MM-YYYY) 10 CFR 32	TRANSFERS	6 OF INDUSTI	RIAL DEVICES	REPORT (FROM GENERAL LICENSEES)		
For ea	ch "licensee" fr	om whom a dev	ice(s) has been re	ceived during the reporting period, supply the following:		
			General Licensee	Information		
Name of General Licens	ee			Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
		Inf	ormation on Devic	ce(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 Licens	ee			Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
		Inf	ormation on Devic	e(s) Received		
Date of Receipt				Manufacturer or Initial Transferor (If not reporting party)		
			General Licensee	Information		
Name of General Licens				1		
Name of General Licens	ee			Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
			ormation on Devid	1		
Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)		
			General Licensee	Information		
Name of General Licens	ee			Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
		Inf	ormation on Devic	ce(s) Received		
Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)		

NRC FORM 65	NRC FORM 653A (Continued) U. S. NUCLEAR REGULATORY COMMISSION							
(MM-YYYY) 10 CFR 32 TRAN	ISFERS OF IN	NDUSTRIAL D	EVICES REPO	RT (FROM GENERAL LICENSEES) (continued)				
For eac	ch "licensee" fr	om whom a dev	ice(s) has been ree	ceived during the reporting period, supply the following:				
			General Licensee	Information				
Name of General Licens	ee			Mailing Address at the Location of Use (No P.O. Boxes, include zip code)				
		Inf	ormation on Devic	e(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 Licens	ee			Mailing Address at the Location of Use (No P.O. Boxes, include zip code)				
		Inf	ormation on Devic	:e(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 Licens	ee			Mailing Address at the Location of Use (No P.O. Boxes, include zip code)				
		Inf	ormation on Devic	e(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 Licens	ee			Mailing Address at the Location of Use (No P.O. Boxes, include zip code)				
			ormation on Devic					
Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)				

of

NRC FORM 65	53B				U. S. NU	CLEAR REGULATO	RY COMMISSION
(MM-YYYY) 10 CFR 32		ERS OF INDU				HANGES)	a:
		-	eneral Licensee				,
Name of General Licens	see User					o P.O. Boxes, include zip c	ode)
		In	formation on D	evice(s) Receiv	ved		
Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units
	1	G	eneral Licensee	User Informat	ion	1	I
Name of General Licens	see User			Mailing Address	at the Location of Use (N	o P.O. Boxes, include zip c	ode)
		In	formation on D	evice(s) Receiv	ved		
Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units
		G	eneral Licensee	lleor Informat	ion		
Name of General Licens	see User					o P.O. Boxes, include zip c	ode)
		In	formation on D	evice(s) Receiv	ved		
Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units
		6	eneral Licensee	llser Informat	ion		
Name of General Licens	see User					o P.O. Boxes, include zip c	ode)
		In	formation on D	evice(s) Receiv	ved		
Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

(MM-YYYY) 10 CFR 32 TF										
		Ge	eneral Licensee	User Informati	ion					
Name of General Licens	Name of General Licensee User Mailing Address at the Location of Use (No P.O. Boxes, include zip code)									
	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			
		Ge	eneral Licensee	User Informati	ion					
Name of General Licensee User Mailing Address at the Location of Use (No P.O. Boxes, include zip code)										
		In	formation on D	evice(s) Receiv	red					
Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units			
		Ge	eneral Licensee							
Name of General Licens	see User			Mailing Address a	at the Location of Use (No	P.O. Boxes, include zip c	ode)			
		In	formation on D	evice(s) Receiv	ed					
Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units			
				llaan befe di	 					
Name of Gonoral Lines	aa llear	Ge	eneral Licensee			PO Boyoe include the	ode)			
Name of General Licensee User Mailing Address at the Location of Use (No P.O. Boxes, include zip code)										
		In	formation on D	evice(s) Receiv	red					
Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units			