

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

**U.S. NUCLEAR REGULATORY COMMISSION**

**APPROVED BY OMB: NO. 3150-0000**

**EXPIRES: MM/DD/YYYY**

Estimated burden per response to comply with this mandatory collection request: 24 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000), 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.

**TRANSFERS OF INDUSTRIAL DEVICES REPORT**

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

NAME OF VENDOR	REPORTING PERIOD	
	FROM	TO
LICENSE NUMBER		

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

**INTERMEDIATE PERSON (if any)**

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
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**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)	
DEPARTMENT		
NAME OF RESPONSIBLE INDIVIDUAL		TELEPHONE
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 (if any)**

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
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**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code)	
DEPARTMENT		
NAME OF RESPONSIBLE INDIVIDUAL		TELEPHONE
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 (Continuation)

For each "person" to whom a device(s) has been received during the reporting period, 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)
DEPARTMENT	

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 USER INFORMATION

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
DEPARTMENT	

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 USER INFORMATION

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
DEPARTMENT	

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 USER INFORMATION

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
DEPARTMENT	

INFORMATION ON DEVICE(S) RECEIVED

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