





GL-26296-17  
04/02/2013

SECTION 1  
PAGE 2 of 2

**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).

Last Name: OVERPECK

H O L L I N G S W O R T H

First Name: JEFFREY

J A C K

Middle Initial: S

E

Telephone: (765) 359-2837

7 6 5 3 5 9 2 8 1 0

Extension:

Title: MANUFACTURING ENGINEER

P A P E R E N G I N E E R

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:

E N G I N E E R I N G

Address Line 1: 1204 DARLINGTON AVENUE

Address Line 2:

City: CRAWFORDSVILLE

State: IN

Zip Code: 47933 -









GL-26296-17  
04/02/2013

**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**

NRC Device Key:   
(from Section 2 or 6)

Transfer Date:

MM DD YYYY

Location of the Device:

- Whereabouts Unknown (complete Part 1 only)
- Never Possessed the Device (complete Part 1 only)
- Returned to Manufacturer (complete Part 1 only)
- Transferred to another general licensee (complete Parts 2 and 3)
- Transferred to a Specific Licensee (Not the manufacturer) (complete Part 2)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:  Zip Code:  -

**Part 3** Enter the name of the individual responsible for this device:

Last Name:

First Name:

Middle Initial:

Telephone Number:

Extension:

Title:





GL-26296-17  
04/02/2013

**SECTION 5 - CERTIFICATION**

**SECTION 5**  
**PAGE 1 of 1**

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 website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

*Jack Volterpant*

5/23/13

**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-26296-17  
04/02/2013

**SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

PAGE 1 of 1

**NRC Device Key: 247769**

Manufacturer License No: GL14-0208-97

Manufacturer Name: ASOMA-TWIN CITY INC.

Model Number: BETASCOPE

Serial #: GLDB

Transfer Date: 8/15/1992 C

Isotope: PM147

Activity: 0.600000000

Unit: mCi

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**NRC Device Key: 248481**

Manufacturer License No: GL14-0208-97

Manufacturer Name: ASOMA-TWIN CITY INC.

Model Number: TC 1600

Serial #: 31400

Transfer Date: 11/15/1987

Isotope: PM147

Activity: 0.900000000

Unit: mCi

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