

GL-58739-17

04/03/2013

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary.

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NRC Device Key 418328 (Internal Control Number)

Distributor/Distributed By: Industrial Dynamics Co., LTD.

[Empty grid for distributor information]

Distributor License Number: 1586-70GL

[Empty grid for distributor license number]

Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

[Empty grid for manufacturer name]

Device Model (Not Source Model): FT-50-C

[Empty grid for device model]

Device Serial Number: 608

[Empty grid for device serial number]

Transfer Date (Receipt Date): 08/15/1991

[Empty grid for transfer date]

MM DD YYYY

Not in possession of device (Also complete Section 4.)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241 [Empty grid]	100.000000000 [Empty grid]	mCi [Empty grid]
2	[Empty grid]	[Empty grid]	[Empty grid]
3	[Empty grid]	[Empty grid]	[Empty grid]
4	[Empty grid]	[Empty grid]	[Empty grid]
5	[Empty grid]	[Empty grid]	[Empty grid]
6	[Empty grid]	[Empty grid]	[Empty grid]



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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

Transfer Date:

NRC Device Key:
(from Section 2 or 6)

4 1 8 2 7 7

0 6 1 1 2 0 1 3

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):

[Empty 10-digit license number grid]

Company Name:

[Empty 20-character company name grid]

Department:

[Empty 20-character department grid]

Address Line 1:

[Empty 20-character address line 1 grid]

Address Line 2:

[Empty 20-character address line 2 grid]

City:

[Empty 20-character city grid]

State:

[Empty 2-character state grid]

Zip Code:

[Empty 5-character zip code grid]

Part 3

Enter the name of the individual responsible for this device:

Last Name:

[Empty 20-character last name grid]

First Name:

[Empty 10-character first name grid]

Middle Initial:

[Empty 1-character middle initial grid]

Telephone Number:

[Empty 10-character telephone number grid]

Extension:

[Empty 4-character extension grid]

Title:

[Empty 20-character title grid]



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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
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Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

Transfer Date:

NRC Device Key:
(from Section 2 or 6)

4 1 8 2 9 4

0 6 1 1 2 0 1 3

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):

[Empty grid for license number]

Company Name:

[Empty grid for company name]

Department:

[Empty grid for department]

Address Line 1:

[Empty grid for address line 1]

Address Line 2:

[Empty grid for address line 2]

City:

[Empty grid for city]

State:

[Empty grid for state]

Zip Code:

[Empty grid for zip code]

[Empty grid for zip code extension]

Part 3

Enter the name of the individual responsible for this device:

Last Name:

[Empty grid for last name]

First Name:

[Empty grid for first name]

Middle Initial:

[Empty grid for middle initial]

Telephone Number:

[Empty grid for telephone number]

[Empty grid for telephone number]

[Empty grid for telephone number]

Extension:

[Empty grid for extension]

Title:

[Empty grid for title]



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SECTION 5 - CERTIFICATION

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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>)



8-6-13

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.



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SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: