

9 October 2013

Director, Office of Federal and State Materials and Environmental Programs ATTN: GLTS
US Nuclear Regulatory Commission
11555 Rockville Pike,
Rockville, MD 20852

Attached is NRC Form 653 for the second quarter of 2013 for Science Applications International Corporation (SAIC) operating under California license 6504-37GL. On September 28, 2013, SAIC changed its corporate name to Leidos. An amendment request to our California license has been submitted.

All future reports will be submitted under the Leidos name. All facilities, equipment, personnel, and quality programs have remained the same; just the corporate name has changed.

Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Daniel P. Madson Radiation Safety Officer

NRC FORM 653

U. S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3150-0001

EXPIRES: 05/31/2016



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 FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-001, or by internet e-mail to Infocollects. Resource@mc.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 "lice	nsee" to who	m a device	(s) has been transfe	rred during the repo	orting period,	supply	the following:	
NAME OF VENDOR				REPORTING PERIOD				
Science Applications International Corporation (SAIC)				FROM		ТО		
LICENSE NUMBER				07/01/2013		09/30/2013		
6504-37GL				07/01/2013		· ·	09/30/2013	
			INTERMEDIATE PER	SON(S) (if any)				
NAME OF INTERMEDIATE PERSON(S) NAME OF RE		NAME OF RES	PONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL			TELEPHONE	
NAME OF INTERMEDIATE PERSON(S)		NAME OF RESPONSIBLE INDIVIDUAL		TITLE OF RESPONSIBLE INDIVIDUAL			TELEPHONE	
GENERAL LICENSEE INFORMATION								
NAME OF GENERAL LICENSEE				MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, ingluse Zip Code) **** No distributions to report ****				
NAME OF RESPONSIBLE INDIVIDUAL			TELEPHONE	Submitted 10/9/2013 By: Daniel Madson, RSO Voice: 858.826.9801 Mobile: 858.228.7191			Hux	
TITLE OF RESPONSIBLE INDIVIDUAL				email: daniel,p.madson@saic.com or sttrs@saic.com				
INFORMATION ON DEVICE(S) TRANSFERRED								
DATE OF TRANSFER			MODEL NUMBER	SERIAL NUMBER	ISOTOPE AC		FIVITY AND UNITS	
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NAME OF GENERAL LICENSEE				MAILING ADDRESS AT THE LOCATION OF USE(No., P.O. Boxes, include Zip Code)				
NAME OF RESPONSIBLE INDIVIDUAL			TELEPHONE					
TITLE OF RESPONSIBLE INDIVIDUAL								
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DATE OF TYPE OF DEVICE		EVICE	MODEL NUMBER	SERIAL NUMBER ISOTOPE		ACTIVITY AND UNITS		
	1							

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Vista, CA 92081

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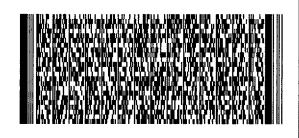
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