



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: DINNEAN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name: LETA

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial: A

--

Telephone: (203) 492-7740

--	--	--	--	--	--	--	--	--	--	--	--

Extension:

--	--	--	--	--

Title: SR EHS SPECIALIST

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 1: 195 MCDERMOTT ROAD

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 2:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City: NORTH HAVEN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State: CT

--	--

Zip Code: 06473 -

--	--	--	--	--	--	--	--	--	--	--	--	--	--





GL-720239-18

01/08/2014

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 1 of 2

NRC Device Key 750253 (Internal Control Number)

Distributor/Distributed By: OHMART/VEGA CORPORATION

Empty grid box for distributor information

Distributor License Number: 34-00639-03G

Empty grid box for license number

Manufacturer Name: OHMART/VEGA CORPORATION

Empty grid box for manufacturer name

Device Model (Not Source Model): SH-F1A

Empty grid box for device model

Device Serial Number: 6269GK

Empty grid box for device serial number

Transfer Date (Receipt Date): 06/16/2006

Empty grid boxes for transfer date

MM DD YYYY

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

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1 contains CS137, 40.000000000, and mCi. Rows 2-6 are empty.





GL-720239-18

01/08/2014

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 2 of 2

NRC Device Key **750254** **(Internal Control Number)**

Distributor/Distributed By: OHMART/VEGA CORPORATION

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Distributor License Number: 34-00639-03G

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Manufacturer Name: OHMART/VEGA CORPORATION

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Model (Not Source Model): SH-F1A

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number: 0557GK

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Transfer Date (Receipt Date): 06/16/2006

--	--	--	--	--	--

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																										
1	CS137 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							40.000000000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
4	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
5	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
6	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td><td></td></tr></table>			





SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

Grid for Manufacturer Name (20 columns)

Initial Transferor Name

Grid for Initial Transferor Name (20 columns)

Initial Transferor License Number (if known)

Grid for Initial Transferor License Number (10 columns)

Device Model Number (Not Source Model)

Grid for Device Model Number (20 columns)

Device Serial Number

Grid for Device Serial Number (18 columns)

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

- Manufacturer/Initial Transferor listed above
- Other General Licensee
- Other Source

Date Transferred:

Grid for Date Transferred (MM DD YYYY)

MM

DD

YYYY

(Received)

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. Isotope grid (5 columns)

1. Activity grid (10 columns)

1. Unit grid (3 columns)

2. Isotope grid (5 columns)

2. Activity grid (10 columns)

2. Unit grid (3 columns)

3. Isotope grid (5 columns)

3. Activity grid (10 columns)

3. Unit grid (3 columns)

4. Isotope grid (5 columns)

4. Activity grid (10 columns)

4. Unit grid (3 columns)

5. Isotope grid (5 columns)

5. Activity grid (10 columns)

5. Unit grid (3 columns)

6. Isotope grid (5 columns)

6. Activity grid (10 columns)

6. Unit grid (3 columns)

7. Isotope grid (5 columns)

7. Activity grid (10 columns)

7. Unit grid (3 columns)

8. Isotope grid (5 columns)

8. Activity grid (10 columns)

8. Unit grid (3 columns)

9. Isotope grid (5 columns)

9. Activity grid (10 columns)

9. Unit grid (3 columns)

10. Isotope grid (5 columns)

10. Activity grid (10 columns)

10. Unit grid (3 columns)





GL-720239-18
01/08/2014

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-720239-18
01/08/2014

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>)

Letz G. Dinna

3-13-14

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-720239-18
01/08/2014

SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: