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SECTION 1
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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: MIKESELL

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First Name: JERRY

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Middle Initial: L

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Telephone: (574) 784-3409

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Extension: 231

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Title: PRODUCTION MANAGER

C	U	S	T	O	M		M	F	G		S	A	L	E	S				
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**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: CALENDERING

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Address Line 1: P.O. BOX 538

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Address Line 2:

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City: LAKEVILLE

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State: IN

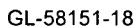
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Zip Code: 46536 -

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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

PAGE 1 of 1

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

NRC Device Key **816086** **(Internal Control Number)**

Distributor/Distributed By: NDC INFRARED ENGINEERING INC

Distributor License Number: 1933-19GL

Manufacturer Name: NDC INFRARED ENGINEERING INC

Device Model (Not Source Model): 301

Device Serial Number: 3277941

Transfer Date (Receipt Date): 08/16/2011

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	SR90 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	10.000000000 <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	mCi <div> <div></div> <div></div> <div></div> </div>
2	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
3	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
4	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
5	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
6	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>



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SECTION 4

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

Transfer Date:

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Y Y Y Y

Location of the Device:

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

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

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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Enter the name of the individual responsible for this device:

Last Name:

[illegible]

First Name:

[illegible]

Middle Initial:

7

Telephone Number:

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Extension:

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Title:

[illegible]



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SECTION 5 - CERTIFICATION

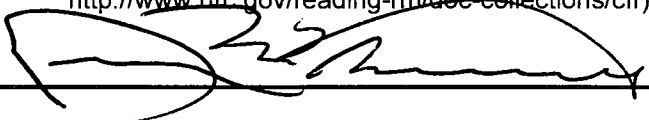
SECTION 5
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I hereby certify that:

- 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>)



5/3/14

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.



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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: