

GL - 6 4 2 4 6 4 - 1 8

Date 04/08/2014

SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

NRC Device Key 546641 (from Section 2 or 6)

Transfer Date

0 1 0 9 2 0 1 4 MM DD YYYY

Location of the Device:

- Whereabouts Unknown, Never Possessed the Device, Returned to Manufacturer, Transferred to another general licensee, Transferred to a Specific Licensee

Part 2

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

L 0 3 5 2 4

Company Name:

T H E R M O - F I S H E R S C I E N T I F I C

Department:

[Empty box for Department]

Address Line 1:

1 4 1 0 G I L L I N G H A M L A N E

Address Line 2:

[Empty box for Address Line 2]

City:

S U G A R L A N D

State: T X

Zip Code: 7 7 4 7 8

Part 3 Enter the name of the individual responsible for this device.

Last Name:

V I C E N T E

First Name:

D A N N Y

Middle Initial:

[Empty box for Middle Initial]

Telephone Number:

7 1 3 - 2 7 2 - 2 2 0 4

Extension

[Empty box for Extension]

Title

N U C L E A R S E R V I C E S S P E C I A L I S T



GL - 6 4 2 4 6 4 - 1 8

Date 04/08/2014

SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

NRC Device Key 591313 (from Section 2 or 6)

Transfer Date

0 1 0 9 2 0 1 4 MM DD YYYY

Location of the Device:

- Whereabouts Unknown, Never Possessed the Device, Returned to Manufacturer, Transferred to another general licensee, Transferred to a Specific Licensee

Part 2

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

L 0 3 5 2 4

Company Name:

T H E R M O - F I S H E R S C I E N T I F I C

Department:

[Empty box for Department]

Address Line 1:

1 4 1 0 G I L L I N G H A M L A N E

Address Line 2:

[Empty box for Address Line 2]

City:

S U G A R L A N D

State: T X

Zip Code: 7 7 4 7 8

Part 3 Enter the name of the individual responsible for this device.

Last Name:

V I C E N T E

First Name:

D A N N Y

Middle Initial:

[Empty box for Middle Initial]

Telephone Number:

7 1 3 - 2 7 2 - 2 2 0 4

Extension

[Empty box for Extension]

Title

N U C L E A R S E R V I C E S S P E C I A L I S T





GL-642464-18
04/08/2014

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>)

Robert Lovejoy Jr.

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

5-8-2014

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-642464-18
04/08/2014

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:

Section 2 page 1 of 6 is revised to show the dual source shield.

Device serial # U5007 contains both Am-241 and Cs-137 source capsules. This was shown on previous regs. - W.A.A.