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04/18/2014

SECTION 1  
PAGE 2 of 2

**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: CANADAY

W A L K E R

First Name: DEVIN

T I M O T H Y

Middle Initial:

A

Telephone: (210) 626-6327

5 0 9 4 1 2 4 5 1 0

Extension:

Title: SENIOR MANAGER

S A F E T Y S P E C I A L I S T

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: ATTN: DEVIN CANADAY

T I M O T H Y W A I K E R

Address Line 1: 19100 RIDGEWOOD PARKWAY

Address Line 2:

City: SAN ANTONIO

State: TX

Zip Code: 78259 -





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### 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**                    **826811**            **(Internal Control Number)**

Distributor/Distributed By:      **RONAN ENGINEERING COMPANY**

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Distributor License Number:    **IND-267-95G**

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Manufacturer Name: **RONAN ENGINEERING COMPANY**

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Device Model (Not Source Model): **SA1-C10**

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Device Serial Number: **M3625**

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Transfer Date (Receipt Date): **04/23/1990**

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MM            DD            YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																																																												
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**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:

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:





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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>)

  
\_\_\_\_\_

5/18/14  
\_\_\_\_\_

**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: