



GL-651890-18
04/09/2014

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: WILLIAMSON

PELTIER

First Name: TONI

GUY

Middle Initial:

R

Telephone: (713) 646-4416

713 646 4416

Extension:

Title: MGR TRAINING-COMPLIANCE

DIRECTOR REG-SAFETY PL

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: SAFETY

Address Line 1: 333 CLAY STREET

Address Line 2: SUITE 1600

City: HOUSTON

State: TX

Zip Code: 77002 -





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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 527511 (Internal Control Number)

Distributor/Distributed By: OHMART/VEGA CORPORATION

Grid for distributor information

Distributor License Number: 34-00639-03G

Grid for distributor license number

Manufacturer Name: OHMART/VEGA CORPORATION

Grid for manufacturer name

Device Model (Not Source Model): SH-F1

Grid for device model

Device Serial Number: 2690GK

Grid for device serial number

Transfer Date (Receipt Date): 11/15/2006

Grid 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: CS137, 100.000000000, mCi. Rows 2-6 are empty.





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

Part 1

Transfer Date:

NRC Device Key:

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:

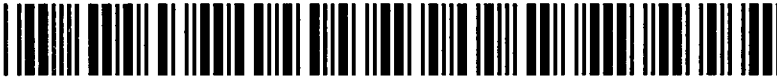
Middle Initial:

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>)

[Handwritten Signature]

05/19/14

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: