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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: REESE

B L A N C H A R D

First Name: ROBERT

Middle Initial: S

M I C H A E L

J

Telephone: (816) 238-1700

Extension: 284

Title: COMPLIANCE COORDINATOR

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: EXTRACTION

Address Line 1: 900 LOWER LAKE ROAD

Address Line 2: P.O. BOX 427

City: SAINT JOSEPH

State: MO

Zip Code: 64502 - 0427





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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

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

**NRC Device Key**                    **764831**            **(Internal Control Number)**

Distributor/Distributed By:    THERMO FISCHER SCIENTIFIC

T H E R M O    M E A S U R E T E C H

Distributor License Number:    L03524

Manufacturer Name: THERMO MEASURETECH

Device Model (Not Source Model): 5201

Device Serial Number: B4782

Transfer Date (Receipt Date): 06/20/2007

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	CS137 	75.000000000 	mCi 
2			
3			
4			
5			
6			





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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

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

**NRC Device Key**                      **764832**                      (**Internal Control Number**)

**Distributor/Distributed By:**                      THERMO FISCHER SCIENTIFIC

T H E R M O      M E A S U R E T E C H

**Distributor License Number:**      L03524

**Manufacturer Name:** THERMO MEASURETECH

**Device Model (Not Source Model):** 5205

**Device Serial Number:** B2822

**Transfer Date (Receipt Date):** 06/20/2007

**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 	50.000000000 	mCi 
2			
3			
4			
5			
6			









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**SECTION 5 - CERTIFICATION**

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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>)

Michael J. Hamkard

12/29/14

**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: