







GL-704398-19

10/28/2014

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 679545 (Internal Control Number)

Distributor/Distributed By: Scan Technologies, Inc.

[Empty grid box]

Distributor License Number: GA1299-2G

[Empty grid box]

Manufacturer Name: SCAN TECHNOLOGIES, INC.

[Empty grid box]

Device Model (Not Source Model): 3500

[Empty grid box]

Device Serial Number: 2013

[Empty grid box]

Transfer Date (Receipt Date): 08/15/1991

[Empty grid box for date]

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	AM241 [Empty grid]	300.00000000 [Empty grid]	mCi [Empty grid]
2	[Empty grid]	[Empty grid]	[Empty grid]
3	[Empty grid]	[Empty grid]	[Empty grid]
4	[Empty grid]	[Empty grid]	[Empty grid]
5	[Empty grid]	[Empty grid]	[Empty grid]
6	[Empty grid]	[Empty grid]	[Empty grid]





























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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4  
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Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

Transfer Date:

NRC Device Key: 

6	7	9	5	4	5		
---	---	---	---	---	---	--	--

0	4
---	---

1	0
---	---

2	0	1	4
---	---	---	---

  
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):

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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 1:

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

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:

Middle Initial:

D	A	N	N	Y					
---	---	---	---	---	--	--	--	--	--

--

Telephone Number: 

7	1	3
---	---	---

2	7	2
---	---	---

2	2	0	4
---	---	---	---

 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
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---





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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4  
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Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

Transfer Date:

NRC Device Key: 

4	4	7	1	5	7				
---	---	---	---	---	---	--	--	--	--

  
(from Section 2 or 6)

0	4	1	0	2	0	1	4
---	---	---	---	---	---	---	---

  
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):

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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 1:

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

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:

--

Telephone Number:

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

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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---







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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4  
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Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

Transfer Date:

NRC Device Key:  
(from Section 2 or 6) 

6	7	9	5	4	5				
---	---	---	---	---	---	--	--	--	--

04	10	2014
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):

L	03	524							
---	----	-----	--	--	--	--	--	--	--

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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 1:

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

Address Line 2:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City:

S	U	G	A	R		L	A	N	O																
---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

TX

Zip Code:

77478 - 

--	--	--	--

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:

--

Telephone Number:

713 272 2204

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
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---





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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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

Part 1

Transfer Date:

NRC Device Key: (from Section 2 or 6) 5 4 6 8 8 1

04 10 2014 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):

L 03524

Company Name:

THERMO-FISHER SCIENTIFIC

Department:

Address Line 1:

1410 GILLINGHAM LANE

Address Line 2:

City:

SUGAR LAND

State: TX Zip Code: 77478

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

Last Name:

VICENTE

First Name:

DANNY

Middle Initial:

Telephone Number: 713 272 2204 Extension:

Title:

NUCLEAR SERVICES SPECIALIST



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**SECTION 5 - CERTIFICATION**

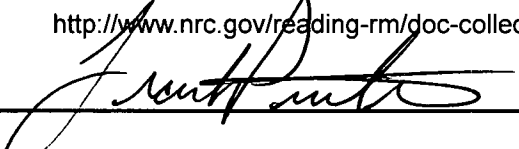
**SECTION 5**  
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I hereby certify that:

- 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>)

  
\_\_\_\_\_

1-15-15  
\_\_\_\_\_

**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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<b>NRC Device Key:</b>	Manufacturer License No:	
Manufacturer Name:		
Model Number:	Serial #:	Transfer Date: