



NRC FORM 664

02 - 2004 10 CFR 31.5 SECTION 1
PAGE 1 of 2
U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

EXPIRES: 03/31/2010

Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000). Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.

General License

SECTION 1 - GENERAL LICENSEE INFORMATION

Registration Number

GL-720239-19

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Com	Company Name: COVIDIEN LP																			
Dep	artm	ent:														•				
Address Line 1: 195 MCDERMOTT ROAD																				
Address Line 2:																				
City	City: NORTH HAVEN																 			
State	State: CT																			
	For NRC Use Only (Do not write here) Packet Receipt Date (MMDDYYYY): Accession Number:																			





SECTION 1 PAGE 2 of 2

SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

Enter the name, telelphone number and title of the person who is the responsible individual for the device(s).

_ast Name: DINNEAN														
GERARDI														
First Name: LETA	Middle Initial: A													
KEVIN														
Felephone: (203) 492-7740	Extension:													
303 492 5140														
itle: SR EHS SPECIALIST														
Enter the mailing address where correspondence regard														
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 2

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

Distributor/Distributed By: OHMART/VEGA CORPORATION Distributor License Number: 34-00639-03G Manufacturer Name: OHMART/VEGA CORPORATION Device Model (Not Source Model): SH-F1A Device Serial Number: 6269GK Transfer Date (Receipt Date): 06/16/2006 MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) 1 CS137 40.000000000 mCi 2	NRC Device Key					7	502	53	(1	nter	nal (Cont	rol N	umb	er)											
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01/06/2015

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 2 of 2

Our records indicate that you have these devices. Please update the information as necessary. **NRC Device Key** 750254 (Internal Control Number) Distributor/Distributed By: OHMART/VEGA CORPORATION 34-00639-03G Distributor License Number: Manufacturer Name: OHMART/VEGA CORPORATION Device Model (Not Source Model): SH-F1A Device Serial Number: 0557GK Transfer Date (Receipt Date): 06/16/2006 Not in possession of device (Also complete Section 4.) DDYYYY MM Activity (e.g. 100) Unit (e.g. mCi) Isotope (e.g. AM241) CS137 40.000000000 1 mCi 2 3 4 5 6





SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION PAGE 1 of 1 Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

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

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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)

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.





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: