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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: RAY

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

First Name: JOHN

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

Middle Initial: ~~G~~

T

Telephone: (303) 359-9000

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

Extension:

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

Title: CHIEF GEOLOGIST

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

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:

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

Address Line 1: 2209 E CLEVELAND ST

2	2	5		U	N	I	O	N		B	L	V	D		S	T	E		2	5	0
---	---	---	--	---	---	---	---	---	--	---	---	---	---	--	---	---	---	--	---	---	---

Address Line 2: P.O. BOX 40

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

City: SUNDANCE

L	A	K	E	W	O	O	D												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

State: WY

C	O
---	---

Zip Code: 82729 -

8	2	2	8				
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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 804064 (Internal Control Number)

Distributor/Distributed By: THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR

[Empty grid box]

Distributor License Number: 53-0388

[Empty grid box]

Manufacturer Name: NITON CORPORATION

[Empty grid box]

Device Model (Not Source Model): XLP-SERIES

[Empty grid box]

Device Serial Number: 23729

[Empty grid box]

Transfer Date (Receipt Date): 12/30/2009

[Empty date grid box]

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]	14.00000000 [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

NRC Device Key:

Grid for NRC Device Key

(from Section 2 or 6)

Transfer Date:

Grid for 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):

Grid for License Number of Recipient

Company Name:

Grid for Company Name

Department:

Grid for Department

Address Line 1:

Grid for Address Line 1

Address Line 2:

Grid for Address Line 2

City:

Grid for City

State:

Grid for State

Zip Code:

Grid for Zip Code

Grid for Zip Code extension

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

Last Name:

Grid for Last Name

First Name:

Grid for First Name

Middle Initial:

Grid for Middle Initial

Telephone Number:

Grid for Telephone Number area 1

Grid for Telephone Number area 2

Grid for Telephone Number area 3

Extension:

Grid for Telephone Extension

Title:

Grid for Title





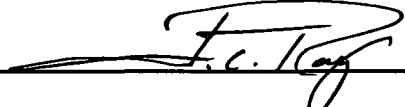
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SECTION 5 - CERTIFICATION

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>)



May 4, 2015

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: