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SECTION 1
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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: SWEINHART

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

First Name: DRU

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

Middle Initial: O

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Telephone: (574) 522-2800

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

Extension: 818

--	--	--	--

Title: CURRENT SAFETY OFFICER

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

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: 195 COUNTY ROAD 15 SOUTH

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Address Line 2: P.O. BOX 2386

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City: ELKHART

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

State: IN

--	--

Zip Code: 46516 -

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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 447130 (Internal Control Number)

Distributor/Distributed By: TN TECHNOLOGIES, INC.

[Empty grid box]

Distributor License Number: L01105

[Empty grid box]

Manufacturer Name: TN TECHNOLOGIES, INC.

[Empty grid box]

Device Model (Not Source Model): 5201

[Empty grid box]

Device Serial Number: B2055

[Empty grid box]

Transfer Date (Receipt Date): 05/15/1992

[Empty date grid box]

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 [Empty grid]	100.00000000 [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 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 447131 (Internal Control Number)

Distributor/Distributed By: TN TECHNOLOGIES, INC.

[Empty grid box]

Distributor License Number: L01105

[Empty grid box]

Manufacturer Name: TN TECHNOLOGIES, INC.

[Empty grid box]

Device Model (Not Source Model): 5201

[Empty grid box]

Device Serial Number: B730

[Empty grid box]

Transfer Date (Receipt Date): 05/15/1992

[Date input boxes: MM, DD, YYYY]

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 [Empty grid]	100.00000000 [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]





SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

Grid for Manufacturer Name

Initial Transferor Name

Grid for Initial Transferor Name

Initial Transferor License Number (if known)

Grid for Initial Transferor License Number

Device Model Number (Not Source Model)

Grid for Device Model Number

Device Serial Number

Grid for Device Serial Number

How acquired and date (e.g., from a distributor/manufactur...

Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred:

(Received)

MM grid

DD grid

YYYY grid

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

Grid for Isotope

Grid for Activity

Grid for Unit

- 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.





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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>)

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: |