



GL-40529-19
06/12/2015

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: AKERS

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

First Name: MARK

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

Middle Initial: E

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Telephone: (304) 340-1865

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

Extension:

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

Title: DIRECTOR ENVIRON COMP

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

**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: ENVIRONMENTAL ENGINEER

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Address Line 1: P.O. BOX 1001

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City: SCOTT DEPOT

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State: WV

--	--

Zip Code: 25560 -

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GL-40529-19
06/12/2015

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key 681541 *(Internal Control Number)*

Distributor/Distributed By: SCAN TECHNOLOGIES, INC.

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Distributor License Number: GA1299-1

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Manufacturer Name: SCAN TECHNOLOGIES, INC.

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Device Model (Not Source Model): 2600

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Device Serial Number: 3442

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Transfer Date (Receipt Date): 09/16/2000

MM	DD	YYYY																				

Not in possession of device (Also complete Section 4.)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																																									
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GL-40529-19
06/12/2015

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.

Part 1

Transfer Date:

NRC Device Key:
(from Section 2 or 6)

MM DD YYYY

Location of the Device:

- Whereabouts Unknown (complete Part 1 only) Transferred to another general licensee (complete Parts 2 and 3)
 Never Possessed the Device (complete Part 1 only) Transferred to a Specific Licensee (Not the manufacturer)
 Returned to Manufacturer (complete Part 1 only) (complete Part 2)

Part 2 License Number of Recipient (if transferred to a specific licensee):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State: Zip Code: -

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

Last Name:

First Name:

Middle Initial:

Telephone Number:

Extension:

Title:





GL-40529-19
06/12/2015

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>)

Mark [Signature]

6/15/15

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.





GL-40529-19
06/12/2015



SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: