



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: MOSER

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

First Name: DARREN

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

Middle Initial: M

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Telephone: (808) 280-5936

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

Extension:

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

Title: DIRECTOR OF BREWING

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

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: PACKAGING

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

Address Line 1: 910 HONOAPIILANI HWY #55

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

Address Line 2:

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

City: LAHAINA

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

State: HI

--	--

Zip Code: 96761 -

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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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

Manufacturer Name

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Initial Transferor Name

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

Initial Transferor License Number (if known)

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

Device Model Number (Not Source Model)

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

Device Serial Number

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

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred:

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(Received)

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1.	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>
2.	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>
3.	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>
4.	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>
5.	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>
6.	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>
7.	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>	<table border="1" style="width: 100%; height: 26px;"></table>
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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.

Part 1

NRC Device Key:
(from Section 2 or 6)

8 1 9 9 1 6

Transfer Date:

1 2 0 1 2 0 1 4

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) (complete Part 2)
- Returned to Manufacturer (complete Part 1 only)

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

[Empty 10 digit license number grid]

Company Name:

Capital Brewing

Department:

Brewing

Address Line 1:

7734 Terrace Ave

Address Line 2:

[Empty 20 digit address line 2 grid]

City:

Middleton

State:

WI

Zip Code:

93562

Part 3

Enter the name of the individual responsible for this device:

Last Name:

Wiener

First Name:

Scott

Middle Initial:

[Empty middle initial box]

Telephone Number:

608 836 7100

Extension:

[Empty extension box]

Title:

[Empty 20 digit title box]



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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>)

Danesh M. Moar

6/24/2015

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 Name:
Model Number:

Manufacturer License No:

Serial #:

Transfer Date: