

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key 832266 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

Empty grid for distributor information

Distributor License Number: L03524

Empty grid for distributor license number

Manufacturer Name: THERMO MEASURETECH

Empty grid for manufacturer name

Device Model (Not Source Model): 5202

Empty grid for device model

Device Serial Number: B3547

Empty grid for device serial number

Transfer Date (Receipt Date): 06/03/2014

Empty grid for transfer date

MM DD YYYY

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

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1 contains CS137, 500.00000000, and mCi.



SECTION 4 - NOT IN POSSESSION OF DEVICE

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) [Grid]

Transfer Date: [Grid] MM [Grid] DD [Grid] 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 manufacture (complete Part 2)

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

[Grid]

Company Name:

[Grid]

Department:

[Grid]

Address Line 1:

[Grid]

Address Line 2:

[Grid]

City:

[Grid]

State: [Grid] Zip Code: [Grid]

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

Last Name:

[Grid]

First Name:

[Grid]

Middle Initial:

[Grid]

Telephone Number: [Grid] Extension: [Grid]

Title:

[Grid]



SECTION 5 - CERTIFICATION

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>)

Bernard Ricky Helmandollar *11/30/2015*

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.



SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

NRC Device Key:	Manufacturer License No:	
Manufacturer Name:	Serial #:	Transfer Date:
Model Number:		