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01/07/2016

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: CRATES

W	A	B	L	E															
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First Name: JASON

Middle Initial: A

D	A	N	I	E	L														
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Telephone: (260) 724-1222

Extension:

2	6	0	7	2	4	1	3	1	1										
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Title: SAFETY OFFICER

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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: ENGINEERING C THOMAS

S	A	F	E	T	Y														
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Address Line 1: 1200 NORTH 2ND STREET

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Address Line 2:

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City: DECATUR

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State: IN

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Zip Code: 46733 -

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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.

PAGE 1 of 3

NRC Device Key 736107 (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): 5205

[Empty grid for device model]

Device Serial Number: B2754

[Empty grid for device serial number]

Transfer Date (Receipt Date): 08/13/2005

[Empty grid for transfer date]

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]	50.000000000 [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**                    **736109**            **(Internal Control Number)**

**Distributor/Distributed By:**    **THERMO FISCHER SCIENTIFIC**

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**Distributor License Number:**    **L03524**

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**Manufacturer Name:** **THERMO MEASURETECH**

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**Device Model (Not Source Model):** **5205**

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**Device Serial Number:** **B2756**

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**Transfer Date (Receipt Date):** **08/13/2005**

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**MM**            **DD**            **YYYY**

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

	<b>Isotope (e.g. AM241)</b>	<b>Activity (e.g. 100)</b>	<b>Unit (e.g. mCi)</b>																													
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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:

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):**

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:





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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>)

*David W. [Signature]*

2/10/16

**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: