



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: EIGENBERGER

K	I	R	K	E	Y														
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First Name: RANDALL

Middle Initial: K

J	E	F	F	R	E	Y													
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J

Telephone: (608) 687-8526

Extension: 5

6	5	1	2	9	0	5	1	6	5
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Title: ENGINEER TECHNICIAN

S	A	F	E	T	Y														
O	F	F	I	C	E	R													

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: FOUNTAIN CITY SVC BASE

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Address Line 1: PHYSICAL SUPPORT BRANCH

M	V	P		O	P	S		S	A	F	E	T	Y						
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Address Line 2: 431 NO. SHORE DR.

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City: FOUNTAIN CITY

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State: WI

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Zip Code: 54629 - 0397

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SECTION 5 - CERTIFICATION

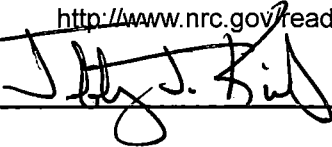
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I hereby certify that:

- 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>)



3 MAY 2016

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: