



GL-3789-20
04/04/2016

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: DE LAMERENS

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First Name: PAUL

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Middle Initial: A

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Telephone: (812) 265-8715

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Extension:

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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:

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Address Line 1: 1335 CLIFTY HOLLOW ROAD

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City: MADISON

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State: IN

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Zip Code: 47250 -

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GL-3789-20
04/04/2016

SECTION 2 - DEVICES SUBJECT TO REGISTRATION



SECTION 2
PAGE 1 of 9

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

NRC Device Key **777713** **(Internal Control Number)**

Distributor/Distributed By: **VEGA AMERICA'S CORPORATION**

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Distributor License Number: **34-00639-04**

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Manufacturer Name: **OHMART/VEGA CORPORATION**

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Device Model (Not Source Model): **SH-F1A**

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Device Serial Number: **68552**

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Transfer Date (Receipt Date): **06/13/2008**

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																												
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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 777715 (Internal Control Number)

Distributor/Distributed By: VEGA AMERICA'S CORPORATION

[Empty grid for distributor name]

Distributor License Number: 34-00639-04

[Empty grid for distributor license number]

Manufacturer Name: OHMART/VEGA CORPORATION

[Empty grid for manufacturer name]

Device Model (Not Source Model): SH-F1A

[Empty grid for device model]

Device Serial Number: 68166

[Empty grid for device serial number]

Transfer Date (Receipt Date): 06/13/2008

[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]	50.00000000 [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
PAGE 4 of 9

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

NRC Device Key **785307** (Internal Control Number)

Distributor/Distributed By: **VEGA AMERICA'S CORPORATION**

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Distributor License Number: **34-00639-04**

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Manufacturer Name: **OHMART/VEGA CORPORATION**

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Device Model (Not Source Model): **SH-F1A**

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Device Serial Number: **6821CN**

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Transfer Date (Receipt Date): **07/02/2008**

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137	50.000000000	mCi
2			
3			
4			
5			
6			





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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 785308 (Internal Control Number)

Distributor/Distributed By: VEGA AMERICA'S CORPORATION

Empty grid for distributor information

Distributor License Number: 34-00639-04

Empty grid for distributor license number

Manufacturer Name: OHMART/VEGA CORPORATION

Empty grid for manufacturer name

Device Model (Not Source Model): SH-F1A

Empty grid for device model

Device Serial Number: 6801CN

Empty grid for device serial number

Transfer Date (Receipt Date): 07/02/2008

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 <input type="text"/>	50.000000000 <input type="text"/>	mCi <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>





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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 **785309** **(Internal Control Number)**

Distributor/Distributed By: **VEGA AMERICA'S CORPORATION**

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Distributor License Number: **34-00639-04**

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Manufacturer Name: **OHMART/VEGA CORPORATION**

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Device Model (Not Source Model): **SH-F1A**

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Device Serial Number: **198/07**

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Transfer Date (Receipt Date): **07/02/2008**

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

MM **DD** **YYYY**

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																																
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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 785310 (Internal Control Number)

Distributor/Distributed By: VEGA AMERICA'S CORPORATION

[Empty grid box]

Distributor License Number: 34-00639-04

[Empty grid box]

Manufacturer Name: OHMART/VEGA CORPORATION

[Empty grid box]

Device Model (Not Source Model): SH-F1A

[Empty grid box]

Device Serial Number: 196/07

[Empty grid box]

Transfer Date (Receipt Date): 07/02/2008

[Empty date grid box]

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 [Empty grid]	20.00000000 [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 823502 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

[Grid of 20 empty cells]

Distributor License Number: L03524

[Grid of 11 empty cells]

Manufacturer Name: THERMO MEASURETECH

[Grid of 20 empty cells]

Device Model (Not Source Model): 5206

[Grid of 20 empty cells]

Device Serial Number: B841

[Grid of 20 empty cells]

Transfer Date (Receipt Date): 06/27/2012

[Grid of 9 empty cells for 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 [Grid of 5 empty cells]	145.00000000 [Grid of 11 empty cells]	mCi [Grid of 3 empty cells]
2	[Grid of 5 empty cells]	[Grid of 11 empty cells]	[Grid of 3 empty cells]
3	[Grid of 5 empty cells]	[Grid of 11 empty cells]	[Grid of 3 empty cells]
4	[Grid of 5 empty cells]	[Grid of 11 empty cells]	[Grid of 3 empty cells]
5	[Grid of 5 empty cells]	[Grid of 11 empty cells]	[Grid of 3 empty cells]
6	[Grid of 5 empty cells]	[Grid of 11 empty cells]	[Grid of 3 empty cells]





SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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

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Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

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Device Serial Number

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

Manufacturer/Initial Transferor listed above
 Other General Licensee Date Transferred:

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 Other Source (Received) MM DD YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

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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)

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>)

Paul A. d. Turner

5-11-16

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:

RECEIVED AND FILED