







04/07/2016

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 (Internal Control Number)

Distributor/Distributed By:

R O N A N E N G I N E E R I N G C O

Distributor License Number:

[Empty license number grid]

Manufacturer Name:

R O N A N E N G I N E E R I N G C O

Device Model (Not Source Model):

R L L 1

Device Serial Number:

2 2 7 7 6 7 A

Transfer Date (Receipt Date): 00/00/0000

0 5 0 0 2 0 1 5

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	C S 1 3 7	0 . 9	m C i
2	[Empty]	[Empty]	[Empty]
3	[Empty]	[Empty]	[Empty]
4	[Empty]	[Empty]	[Empty]
5	[Empty]	[Empty]	[Empty]
6	[Empty]	[Empty]	[Empty]







**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) 

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Transfer Date:  

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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:

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Address Line 2:

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

City:

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

State: 

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 Zip Code: 

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

Last Name:

P	O	L	L	E	M	A										
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

First Name:

B	I	L	L	Y				
---	---	---	---	---	--	--	--	--

Middle Initial:

J
---

Telephone Number: 

6	0	5
---	---	---

7	5	9
---	---	---

0	1	1	9
---	---	---	---

 Extension: 

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Title:

A	G	G	R	E	G	A	T	E		D	I	V	I	S	I	O	N		M	A	N	A	G	E	R
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**SECTION 5 - CERTIFICATION**

**SECTION 5**  
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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>)

*Billy Kellerman*

*7.5.2016*

**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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# CAUTION-RADIOACTIVE MATERIAL

THE RECEIPT, POSSESSION, USE AND TRANSFER OF THIS DEVICE IS SUBJECT TO A GENERAL LICENSE OR EQUIVALENT AUTHORIZATION, AND THE REGULATIONS OF THE U.S. NRC OR AN AGREEMENT STATE.

THE OPERATION MANUAL FOR THIS DEVICE CONTAINS SPECIFIC INSTRUCTIONS FOR INSTALLATION, RELOCATION, DISPOSAL AND LOSS OR THEFT REPORTING INSTRUCTIONS. NO LEAKAGE OR ON-OFF MECHANISM TESTING REQUIRED PER 10CFR31.5

ISOTOPE: 

 mCi

DATE: 

RONAN ENGINEERING CO.  
8050 PRODUCTION DR.  
FLORENCE, KY. 41042

MODEL: 

SERIAL NO: 

REMOVAL OF THIS LABEL IS PROHIBITED  
THIS LABEL SHALL BE MAINTAINED IN A LEGIBLE CONDITION