









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

[20 empty boxes for Manufacturer Name]

Initial Transferor Name

[20 empty boxes for Initial Transferor Name]

Initial Transferor License Number (if known)

[10 empty boxes for Initial Transferor License Number]

Device Model Number (Not Source Model)

[20 empty boxes for Device Model Number]

Device Serial Number

[17 empty boxes for Device Serial Number]

- Manufacturer/Initial Transferor listed above
- Other General Licensee     Date Transferred: [MM][DD][YYYY]
- Other Source                             (Received)                             MM                             DD                             YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1.	[5 boxes]	[10 boxes]	[3 boxes]
2.	[5 boxes]	[10 boxes]	[3 boxes]
3.	[5 boxes]	[10 boxes]	[3 boxes]
4.	[5 boxes]	[10 boxes]	[3 boxes]
5.	[5 boxes]	[10 boxes]	[3 boxes]
6.	[5 boxes]	[10 boxes]	[3 boxes]
7.	[5 boxes]	[10 boxes]	[3 boxes]
8.	[5 boxes]	[10 boxes]	[3 boxes]
9.	[5 boxes]	[10 boxes]	[3 boxes]
10.	[5 boxes]	[10 boxes]	[3 boxes]





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**SECTION 4 - NOT IN POSSESSION OF DEVICE**

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**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**

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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>)

*Daniel A. Simpson, RSO*

DEC -8 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: 839089**

Manufacturer License No: 07-28762-02G

Manufacturer Name: AGILENT TECHNOLOGIES, INC.

Model Number: G239765505

Serial #: U26783

Transfer Date: 11/18/2015

Isotope: NI63

Activity: 15.000000000

Unit: mCi

**NRC Device Key: 486804**

Manufacturer License No: 455-01G

Manufacturer Name: METOREX, INC.

Model Number: SSPS

Serial #: 001094

Transfer Date: 05/15/1994

Isotope: CD109

Activity: 20.000000000

Unit: mCi