



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: BROWN

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

First Name: RICHARD

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

Middle Initial: J

--

Business Telephone Number: (812) 497-2557

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

Extension: 202

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

Title: ASST. MANAGER

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

Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the physical location where the devices are used and/or stored.

Department:

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

Address Line 1: 6874 NORTH BASE ROAD

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

Address Line 2: P.O. BOX 1250

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

City: SEYMOUR

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

State: IN

--	--

Zip Code: 47274 -

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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 684050 (Internal Control Number)

Distributor/Distributed By: TN TECHNOLOGIES, INC.

[Empty grid box]

Distributor License Number: L01105

[Empty grid box]

Manufacturer Name: TN TECHNOLOGIES, INC.

[Empty grid box]

Device Model (Not Source Model): 5205

[Empty grid box]

Device Serial Number: B590

[Empty grid box]

Transfer Date: 05/15/1997

[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]	100.000000000 [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 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>)

Richard J. Brown

2-9-18

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: