





GL-719741-23  
02/20/2018

**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: HUGHES

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First Name: DICK

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

Middle Initial:

--

Business Telephone Number: (219) 853-0240

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

Extension:

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

Title: SAFETY OFFICER

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

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: 1435 SUMMER STREET

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

Address Line 2:

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

City: HAMMOND

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

State: IN

--	--

Zip Code: 46320 -

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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 **745139** (Internal Control Number)

Distributor/Distributed By: THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR

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Distributor License Number: 53-0388

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

Manufacturer Name: NITON CORPORATION

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

Device Model (Not Source Model): XLP 818

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

Device Serial Number: 9817

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

Transfer Date: 02/20/2006

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

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	AM241 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							30.00000000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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**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

[Empty 24-column grid for Manufacturer Name]

Initial Transferor Name

[Empty 24-column grid for Initial Transferor Name]

Initial Transferor License Number (if known)

[Empty 8-column grid for Initial Transferor License Number]

*NA*

Device Model Number (Not Source Model)

[Empty 24-column grid for Device Model Number]

Device Serial Number

[Empty 16-column grid for Device Serial Number]

- How acquired and date (e.g., from a distributor/manufacture, other licensee, other source)?
- Manufacturer/Initial Transferor listed above  
 Other General Licensee     Date Transferred: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Other Source     MM          DD          YYYY

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

*NA*





**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**

Transfer Date:

NRC Device Key:

(from Section 2 or 6)

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):**

*NA*

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:

Business 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>)

**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: