





GL-718799-23  
04/10/2018

**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: GARCIA MENDEZ

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First Name: PABLO

Middle Initial: J

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--

Business Telephone Number: (787) 845-4747

Extension: 601

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--	--	--	--	--

Title: COPACKER MANAGER

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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:

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Address Line 1: P.O. BOX 2600

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

Address Line 2:

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

City: TOA BAJA

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

State: PR

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Zip Code: 00951 - 2600

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### SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4  
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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:

Business Telephone Number:

Extension:

Title:



GL - 7 1 8 7 9 9 - 2 3

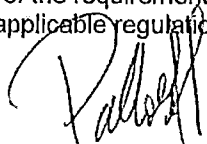
Date 04/10/2018

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 Web site at [www.nrc.gov/reading-rm/doc-collections/cfr/](http://www.nrc.gov/reading-rm/doc-collections/cfr/))



09 May 2018

\_\_\_\_\_  
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: