



GL-726514-23
04/11/2018

SECTION 1
PAGE 2 of 2

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: ROHL

A N D R E W S

First Name: CLIFF

K Y L E

Middle Initial:

Business Telephone Number: (317) 771-8540

3 1 7 8 7 5 9 4 6 5

Extension:

Title: SAFETY OFFICER

E H S C O O R D I N A T O R

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: 5009 W 81ST ST

Address Line 2:

City: INDIANAPOLIS

State: IN

Zip Code: 46268 -





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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 **841196** (**Internal Control Number**)

Distributor/Distributed By: **INDUSTRIAL DYNAMICS CO., LTD.**

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Distributor License Number: **1586-19GL**

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Manufacturer Name: **INDUSTRIAL DYNAMICS CO., LTD.**

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Device Model (Not Source Model): **FT-50**

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Device Serial Number: **118178**

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Transfer Date: **12/31/2015**

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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>							100.000000000 <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><td></td></tr></table>																						mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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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 841197 (Internal Control Number)

Distributor/Distributed By: INDUSTRIAL DYNAMICS CO., LTD.

Empty grid for distributor information

Distributor License Number: 1586-19GL

Empty grid for distributor license number

Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

Empty grid for manufacturer name

Device Model (Not Source Model): FT-50

Empty grid for device model

Device Serial Number: 118177

Empty grid for device serial number

Transfer Date: 12/31/2015

Empty grid for transfer date

MM DD YYYY

Not in possession of device (Also complete Section 4.)

Input checkbox

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241 [][][][][][]	100.000000000 [][][][][][][][][][][][][]	mCi [][][]
2	[][][][][][]	[][][][][][][][][][][][][]	[][][]
3	[][][][][][]	[][][][][][][][][][][][][]	[][][]
4	[][][][][][]	[][][][][][][][][][][][][]	[][][]
5	[][][][][][]	[][][][][][][][][][][][][]	[][][]
6	[][][][][][]	[][][][][][][][][][][][][]	[][][]





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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>)

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: