



GL-726473-23
04/11/2018

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: ALDER

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First Name: ANNE

Middle Initial: M

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--

Business Telephone Number: (801) 521-4945

Extension:

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

--	--	--	--

Title: RADIATION 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:

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Address Line 1: 475 WEST 900 NORTH

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Address Line 2:

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

City: SALT LAKE CITY

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

State: UT

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Zip Code: 84103 -

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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

[Grid for Manufacturer Name: 26 boxes]

Initial Transferor Name

[Grid for Initial Transferor Name: 26 boxes]

Initial Transferor License Number (if known)

[Grid for Initial Transferor License Number: 14 boxes]

Device Model Number (Not Source Model)

[Grid for Device Model Number: 26 boxes]

Device Serial Number

[Grid for Device Serial Number: 22 boxes]

Manufacturer/Initial Transferor listed above

How acquired and date (e.g., from a distributor/manufactur
other licensee, other source)?

Other General Licensee

Date Transferred:

[MM grid: 2 boxes]

[DD grid: 2 boxes]

[YYYY grid: 4 boxes]

MM

DD

YYYY

Other Source

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1.	[5 boxes]	[12 boxes]	[3 boxes]
2.	[5 boxes]	[12 boxes]	[3 boxes]
3.	[5 boxes]	[12 boxes]	[3 boxes]
4.	[5 boxes]	[12 boxes]	[3 boxes]
5.	[5 boxes]	[12 boxes]	[3 boxes]
6.	[5 boxes]	[12 boxes]	[3 boxes]
7.	[5 boxes]	[12 boxes]	[3 boxes]
8.	[5 boxes]	[12 boxes]	[3 boxes]
9.	[5 boxes]	[12 boxes]	[3 boxes]
10.	[5 boxes]	[12 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

Transfer Date:

NRC Device Key:

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:





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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>)

5-23-18

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: