

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: TILLER

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First Name: CLINTON

Middle Initial: H

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Business Telephone Number: (907) 698-2211

Extension:

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Title: PLANT 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: AKUTAN PLANT

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Address Line 1: P.O. BOX 9

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Address Line 2: TRIDENT WAY

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City: AKUTAN

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State: AK

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Zip Code: 99553 -

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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.

PAGE 1 of 3

NRC Device Key 546629 (Internal Control Number)

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

Empty grid for distributor information

Distributor License Number: IL-01010-02

Empty grid for distributor license number

Manufacturer Name: KAY-RAY/SENSALL, INC.

Empty grid for manufacturer name

Device Model (Not Source Model): 7062B

Empty grid for device model

Device Serial Number: S96F2001

Empty grid for device serial number

Transfer Date: 05/15/1996

Empty grid for transfer date

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 CS137
Empty grid

10.00000000
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 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary.

PAGE 2 of 3

NRC Device Key 546630 (Internal Control Number)

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

Empty grid for distributor information

Distributor License Number: 1L-01010-02

Empty grid for license number

Manufacturer Name: KAY-RAY/SENSALL, INC.

Empty grid for manufacturer name

Device Model (Not Source Model): 7062B

Empty grid for device model

Device Serial Number: S96F2002

Empty grid for device serial number

Transfer Date: 05/15/1996

Empty grid for transfer date

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	CS137 [][][][][][]	10.000000000 [][][][][][][][][][][][]	mCi [][][]
2	[][][][][][]	[][][][][][][][][][][][]	[][][]
3	[][][][][][]	[][][][][][][][][][][][]	[][][]
4	[][][][][][]	[][][][][][][][][][][][]	[][][]
5	[][][][][][]	[][][][][][][][][][][][]	[][][]
6	[][][][][][]	[][][][][][][][][][][][]	[][][]





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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 1

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

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Initial Transferor Name

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Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

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

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
 Other Source

Date Transferred:

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MM

DD

YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																					
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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:

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):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Company Name:

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Department:

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Address Line 1:

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Address Line 2:

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City:

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State:

Zip Code:

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Part 3

Enter the name of the individual responsible for this device:

Last Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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>)

Clinton R. Tiller

4/30/2018

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

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: