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$y$							

[illegible]



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**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: GREVES

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First Name: RANDY

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Middle Initial:

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Business Telephone Number: (812) 265-1553

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Extension:

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Title: RSO

P	R	O	J	E	C	T		M	A	N	A	G	E	R							
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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 830

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Address Line 2: 2855 MICHIGAN ROAD

2	8	5	5		M	I	C	H	I	G	A	N		R	O	A	D					
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City: MADISON

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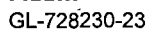
State: IN

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Zip Code: 47250 -

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## SECTION 2

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

**NRC Device Key**                      **848313**                      **(Internal Control Number)**

Distributor/Distributed By: ADVANCED GAUGING TECHNOLOGIES, LLC

[illegible]

Distributor License Number: 34-32021-01

[illegible]

Manufacturer Name: ADVANCED GAUGING TECHNOLOGIES, LLC

[illegible]

Device Model (Not Source Model): AGT400

[illegible]

Device Serial Number: 3717

[illegible]

Transfer Date: 12/04/2017

[illegible]

MM

DD

YY YY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	1000.000000000 <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Ci <div> <div></div> <div></div> <div></div> </div>
2	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
3	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
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6	<div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>



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## PAGE 1 of 1

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

[illegible][illegible][illegible][illegible][illegible]

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MM

DD

Y Y Y Y

Unit (e.g. mCi)

1.					
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2.					
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[illegible]

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3.					
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[illegible]

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4.					
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[illegible]

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5.					
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[illegible]

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6. 

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7. 

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[illegible]

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8.				
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[illegible]


9.				
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[illegible]


10				
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[illegible]








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**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 website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

Randy Greves

4/30/18

**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: