



GL-645035-23

04/10/2018

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 527513 (Internal Control Number)

Distributor/Distributed By: OHMART/VEGA CORPORATION

[Empty grid box]

Distributor License Number: 34-00639-03G

0 3 2 4 0 3 1 0 0 3 6

Manufacturer Name: OHMART/VEGA CORPORATION

[Empty grid box]

Device Model (Not Source Model): SH-F1

[Empty grid box]

Device Serial Number: M-949

[Empty grid box]

Transfer Date: 11/15/1995

[Empty date grid box]

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] | 50.000000000 [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] |





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 (20 columns)

Initial Transferor Name

Grid for Initial Transferor Name (20 columns)

Initial Transferor License Number (if known)

Grid for Initial Transferor License Number (10 columns)

Device Model Number (Not Source Model)

Grid for Device Model Number (20 columns)

Device Serial Number

Grid for Device Serial Number (18 columns)

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

Manufacturer/Initial Transferor listed above
 Other General Licensee Date Transferred:
 Other Source

MM DD YYYY

| | Isotope (e.g. AM241) | Activity (e.g. 100) | Unit (e.g. mCi) |
|-----|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10. | <input type="text"/> | <input type="text"/> | <input type="text"/> |





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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

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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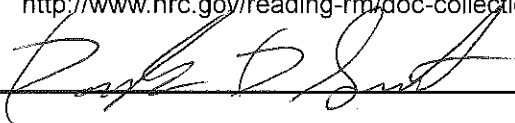
SECTION 5 - CERTIFICATION

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>)



5-14-18

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: