



GL-63420-24
04/10/2019

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: COSSETTE

M i d d l e m a s

First Name: TIMOTHY

M a t t h e w

Middle Initial: J

Business Telephone Number: (605) 785-3683

Extension: 2677

6 9 6 4 0

Title: HR/SAFETY MANAGER

S a f e t y M a n a g e r

Enter the mailing address where correspondence regarding your device(s) should be sent.

Department: AGROPUR

Address Line 1: 408 DAKOTA STREET

Address Line 2: P.O. BOX 169

City: LAKE NORDEN

State: SD

Zip Code: 572480169





GL-63420-24
04/10/2019

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2
PAGE 1 of 1

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

NRC Device Key **653459** (Internal Control Number)

Distributor/Distributed By:

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

Distributor License Number:

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

Manufacturer name: BSI INSTRUMENTS

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

Device Model (Not Source Model): LB 7400 D/L

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

Device Serial Number: 61-1-92

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

Transfer Date:

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

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																								
1	CS137 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							50 <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></tr></table>																mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
2	 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							 <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></tr></table>																 <table border="1"><tr><td></td><td></td><td></td></tr></table>			
3	 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							 <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></tr></table>																 <table border="1"><tr><td></td><td></td><td></td></tr></table>			
4	 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							 <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></tr></table>																 <table border="1"><tr><td></td><td></td><td></td></tr></table>			
5	 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							 <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></tr></table>																 <table border="1"><tr><td></td><td></td><td></td></tr></table>			
6	 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							 <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></tr></table>																 <table border="1"><tr><td></td><td></td><td></td></tr></table>			





GL-63420-24

04/10/2019

SECTION 4 - NOT IN POSSESSION OF DEVICE



SECTION 4

PAGE 1 of 1

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

NRC Device Key:

(from Section 2 or 6)

Transfer Date:
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:





GL-63420-24
04/10/2019

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.

(Copied of applicable regulations may be viewed at the NRC website at:

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

Matthew Middleton

4-26-2019

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. 10 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.





GL-63420-24

04/10/2019

SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

