DRAPER

LETTER OF TRANSMITTAL

TO:	NRC and NRC Agreement States	FROM:	Andrea Voehringer, CSP Environmental Health & Safety
		DATE:	October 24, 2019
		RE:	NRC Form 653

We are sending you ☒ **Attached** ☐ **Under Separate Cover the following items:**

☐ **See Below** ☐ **Prints** ☐ **Plans** ☐ _____

☐ **Report** ☐ **Copy of Letter** ☐ **Change Order**

COPIES	DATE	DESCRIPTION
1	10/24/19	NRC FORM 653 FOR 3Q 2019

THESE ARE TRANSMITTED as checked below:

☐ **For approval**	☐ **No exceptions taken**	☐ **Resubmit ___ copies for approval**
☒ **For your use**	☐ **Revise as noted**	☐ **Submit ___ copies for distribution**
☐ **As requested**	☐ **Amend and resubmit**	☐ **Return ___ corrected prints**
☐ **For review and comment**	☐ **Rejected – see remarks**	☐ _____

Remarks:
No transferred or received devices this quarter.

Please call or e-mail with questions. avoehringer@draper.com or 617-258-2687

THE CHARLES STARK DRAPER LABORATORY, INC.
555 TECHNOLOGY SQUARE, MS 64 • CAMBRIDGE, MA 02139
PHONE: 1-617-258-2990 • FAX: 1-617-258-4765

NMSS10

NRC FORM 653
(10-2019)
10 CFR 32

U. S. NUCLEAR REGULATORY COMMISSION

TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

(Continue on NRC Form 653, 653A or 653B, as appropriate)

APPROVED BY OMB: NO. 3150-0001 **EXPIRES: 10/31/2019**

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

Name of Vendor	Reporting Period	
The Charles Stark Draper Laboratory, Inc.	From	To
License Number: 53-0653	7/1/19	9/30/19

Intermediate Person(s) (if any)

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
Name of Responsible Individual / Business Telephone Number	
Title of Responsible Individual	

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units
NA					

Intermediate Person(s) (if any)

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
Name of Responsible Individual / Business Telephone Number	
Title of Responsible Individual	

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

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U. S. NUCLEAR REGULATORY COMMISSION

TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES) (continued)

Intermediate Person(s) (if any)

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
Name of Responsible Individual / Business Telephone Number	
Title of Responsible Individual	

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

Intermediate Person(s) (if any)

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
Name of Responsible Individual / Business Telephone Number	
Title of Responsible Individual	

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

NRC FORM 653 (Continued)
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U. S. NUCLEAR REGULATORY COMMISSION

TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES) (continued)

Intermediate Person(s) (if any)

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
Name of Responsible Individual / Business Telephone Number	
Title of Responsible Individual	

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

Intermediate Person(s) (if any)

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
Name of Responsible Individual / Business Telephone Number	
Title of Responsible Individual	

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

NRC FORM 653A
(10-2019)
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U. S. NUCLEAR REGULATORY COMMISSION

TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES)

For each "licensee" from whom a device(s) has been received during the reporting period, supply the following:

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (if not reporting party)

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (if not reporting party)

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (if not reporting party)

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (if not reporting party)

TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES) (continued)

For each "licensee" from whom a device(s) has been received during the reporting period, supply the following:

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

NRC FORM 653B
(10-2019)
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U. S. NUCLEAR REGULATORY COMMISSION

TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)

For each device for which required label information has been changed, supply the following:

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

U. S. NUCLEAR REGULATORY COMMISSION

TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES) (continued)

For each device for which required label information has been changed, supply the following:

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units