



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

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

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 Micro Motion, Inc.	Reporting Period	
	From 01/01/2021	To 03/31/2021
License Number L06760		

Intermediate Person(s) (if any)

Name of Intermediate Person(s) Marie Benson	Name of Responsible Individual	Title of Responsible Individual RSO	Business Telephone Number 281-610-2700
Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee Hilcorp Alaska	Mailing Address at the Location of Use (No P.O. Boxes, include zip code) 70.26547N; 149.32116W Prudhoe Bay, AK 99734
Name of Responsible Individual Jon Crosby/Shane North	Business Telephone Number 907-6703368
Title of Responsible Individual	

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units
03/25/2021	Sealed Source	MiniGamma	G0628-18	CS-137	5mCi

Intermediate Person(s) (if any)

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