



U.S. NUCLEAR REGULATORY COMMISSION

OMB EXPIRATION DATE: 09/30/2022

NMSSID
NMSS



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: CONVERSE

[illegible]

First Name: JASON

[illegible]

Middle Initial: L

7

Business Telephone Number: (605) 627-6396

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Extension: 01265

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Business E-mail Address: JASON.CONVERSE@SDSBO.COM

J	A	S	O	N	.	C	O	N	V	E	R	S	E	@	S	D	S	B	P	.	C	O	M
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Title: COMPLIANCE COORDINATOR

E	H	S		M	A	N	A	G	E	R									
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Enter the mailing address where correspondence regarding your device(s) should be sent.

Department:

[illegible]

Address Line 1: P.O. BOX 500

[illegible]

Address Line 2:

[illegible]

City: VOLGA

[illegible]

State: SD

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Zip Code: 57071

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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**591665 (Internal Control Number)**

Distributor/Distributed By: Thermo Process Instruments, L.P

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Distributor License Number: L01105

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Manufacturer name: TN TECHNOLOGIES, INC.

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Device Model (Not Source Model): 5205

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Device Serial Number: B947

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Transfer Date: 05/15/1996

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																				
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SECTION 4

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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)

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Transfer Date:

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MM

DD

YYY

Location of the Device:

- ☐ Whereabouts Unknown (Complete Part 1 only)
 ☐ Transferred to another general licensee (Complete Parts 2 and 3)
- ☐ Never Possessed the Device (Complete Part 1 only)
 ☐ Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

Part 2 License Number of Recipient (if transferred to a specific licensee):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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Part 3 **Enter the name of the individual responsible for this device:**

Last name:

[illegible]

First name:

[illegible]

Middle Initial:

7

Business Telephone
Number:

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Extension:

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Title:

[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>)

Jason S. Converse

4-30-21

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 - DEVICE NOT SUBJECT TO REGISTRATION

SECTION 6

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NRC Device Key: 832278

Manufacturer License No: 34-00639-04

Manufacturer Name: VEGA AMERICA'S CORPORATION

Model Number: SHLD

Serial #: 4938CP

Transfer Date: 05/16/2014

Isotope: CS137

Activity: 2

Unit: mCi

