

























GL-707871-26

04/13/2021

### 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)

6 2 4 8 5 5

Transfer Date:

1 1 0 3 2 0 2 0

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):

1 1 - 2 7 6 1 0 - 0 1

Company Name:

Q A L - T E K

Department:

Address Line 1:

3 9 9 8 C O M M E R C E C I R C L E

Address Line 2:

City:

I D A H O F A L L S

State:

I D

Zip Code:

8 3 4 0 1 -

#### 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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**Part 1**

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(from Section 2 or 6)

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**Part 1**

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(from Section 2 or 6)

6 2 4 8 5 7

Transfer Date:

1 1 0 3 2 0 2 0

MM

DD

YYYY

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Q A L - T E K

Department:

Address Line 1:

3 9 9 8 C O M M E R C E C I R C L E

Address Line 2:

City:

I D A H O F A L L S

State:

I D

Zip Code:

8 3 4 0 1 -

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Last name:

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Business Telephone Number:

Extension:

Title:





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SECTION 4

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

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#### Part 1

Transfer Date:

NRC Device Key:  
(from Section 2 or 6)

6 4 6 2 9 9

1 1 0 3 2 0 2 0

MM

DD

YYYY

Location of the Device:

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- 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)
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Department:

Address Line 1:

3 9 9 8 C O M M E R C E C I R C L E

Address Line 2:

City:

I D A H O F A L L S

State:

I D

Zip Code:

8 3 4 0 1 -

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

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Middle Initial:

Business Telephone Number:

Extension:

Title:







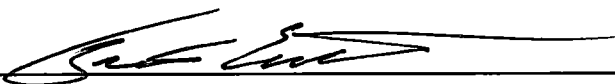
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**SECTION 5 - CERTIFICATION**

**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.  
(Copies of applicable regulations may be viewed at the NRC website at:  
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

  
\_\_\_\_\_

5/14/21  
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**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**

**PAGE 1 of 1**

**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

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