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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: MILLER

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

First Name: AARON

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

Middle Initial: M

--

Business Telephone Number: (301) 334-5396

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

Extension:

--	--	--	--	--

Business E-mail Address: aaron.miller@arlp.com

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

Title: RADIATION SAFETY OFFICER

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

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

Department:

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

Address Line 1: 293 TABLE ROCK ROAD

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

Address Line 2:

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

City: OAKLAND

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

State: MD

--	--

Zip Code: 21550

--	--	--	--	--

--	--	--	--	--





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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 **790433** (**Internal Control Number**)

Distributor/Distributed By: Energy Technologies, Inc. (ETI)

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

Distributor License Number: R-47148-D13

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

Manufacturer name: ENERGY TECHNOLOGIES, INC

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

Device Model (Not Source Model): DGA-400 SERIES

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

Device Serial Number: ETI-083

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

Transfer Date: 09/30/2008

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

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 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3
PAGE 1 of 1

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

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

Initial Transferor Name

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

Initial Transferor License Number (if known)

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

Device Model Number (Not Source Model)

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

Device Serial Number

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

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

- Manufacturer/Initial Transferor listed above
 Other General Licensee
 Other Sources

Date Transferred:

MM		DD		YYYY			

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																			
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SECTION 4 - NOT IN POSSESSION OF DEVICE

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)

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:





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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>)

Carson M. Miller

07/28/2021

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
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SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

NRC Device Key: 839503

Manufacturer License No: 34-00639-04

Manufacturer Name: OHMART/VEGA CORPORATION

Model Number: SHLD-1

Serial #: 12401C

Transfer Date: 07/16/2015

Isotope: CS137

Activity: 5

Unit: mCi

