



**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 Leidos, Inc.		Reporting Period	
License Number		From 7/1/2021	To 09/30/2021

**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) **** No distributions to report ****	
Name of Responsible Individual	Business Telephone Number	Submitted 18 October 2021	
Title of Responsible Individual		By: Daniel Madson (RSO) Voice: 858.826.9801 Cell: 858.228.7191 eMail: madsond@leidos.com	

**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 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	NMSS10 NMSS	
Title of Responsible Individual			

**Information on Device(s) Transferred**

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