

**NRC FORM 653**

(12-2019)  
10 CFR 32



U. S. NUCLEAR REGULATORY COMMISSION

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

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

APPROVED BY OMB: NO. 3150-0001

EXPIRES: 11/30/2022

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<br>Leidos, Inc. |  | Reporting Period  |                  |
| License Number                 |  | From<br>10/1/2021 | To<br>12/31/2021 |

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)<br>**** No distributions to report ****           |  |
| Name of Responsible Individual  | Business Telephone Number | Submitted 3 January 2022<br>By: Daniel Madson (RSO)<br>Voice: 858.826.9801 Cell: 858.228.7191<br>eMail: madsond@leidos.com |  |
| Title of Responsible Individual |                           |  |  |

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 |  |  |
| Title of Responsible Individual |                           |  |  |

Information on Device(s) Transferred

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

NMSSID  
NMSS