



SECTION 1
PAGE 1 of 2

GENERAL LICENSEE REGISTRATION

OMB EXPIRATION DATE: 09/30/2022

SECTION 1 - GENERAL LICENSEE INFORMATION

[illegible]



11/15/2021

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Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

[illegible][illegible]

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[illegible][illegible][illegible][illegible][illegible][illegible]

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SECTION 2

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848319 (Internal Control Number)

[illegible][illegible][illegible][illegible][illegible]

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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 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary.

PAGE 2 of 2

NRC Device Key

849220 (Internal Control Number)

Distributor/Distributed By: Industrial Dynamics Company, Ltd.

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Distributor License Number: 1586-19GL

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Manufacturer name: INDUSTRIAL DYNAMICS CO., LTD.

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Device Model (Not Source Model): FILTEC 3-G

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Device Serial Number: 118635

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Transfer Date: 01/25/2017

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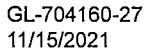
MM

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YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																				
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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

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[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

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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)

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Transfer Date:

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MM

DD

YYYY

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:

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Business Telephone
Number:

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1			
3			
		4	

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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>)

12/2/2021

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 - DEVICE NOT SUBJECT TO REGISTRATION

SECTION 6
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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

