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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: LESTER

S T . P I E R R E

First Name: CLIFFORD

T I M O T H Y

Middle Initial:

Business Telephone Number: (832) 214-6666

8 3 2 2 1 4 6 6 6 6

Extension:

Business E-mail Address: CLESTER@BUCKEYE.COM

T S T . P I E R R E @ B U C K E Y E . C O M

Title: RSO

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

Department: HSSE

Address Line 1: 4200 WESTHEIMER ROAD

Address Line 2:

S T E 9 7 5

City: HOUSTON

State: TX

Zip Code: 77046

7 7 0 2 7





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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**                      **806745 (Internal Control Number)**

Distributor/Distributed By: Thermo Process Instruments, L.P

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Distributor License Number: L03524

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Manufacturer name: THERMO MEASURETECH

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Device Model (Not Source Model): 5190

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Device Serial Number: B334

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Transfer Date: 01/01/2010

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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)

1   CS137

200

mCi

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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**

Transfer Date:

NRC Device Key:  
(from Section 2 or 6)

Transfer Date grid: MM DD YYYY

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):**

License Number grid

Company Name:

Company Name grid

Department:

Department grid

Address Line 1:

Address Line 1 grid

Address Line 2:

Address Line 2 grid

City:

City grid

State:

State dropdown

Zip Code:

Zip Code grid

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

Last name:

Last name grid

First name:

First name grid

Middle Initial:

Middle Initial dropdown

Business Telephone Number:

Business Telephone Number grid

Extension:

Extension grid

Title:

Title grid





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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>)

*J n L R*

*05/16/2023*

**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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