



# 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 FOIA, Library and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to [InfoCollects.Resource@nrc.gov](mailto:InfoCollects.Resource@nrc.gov), and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0001), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

## 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	
	From 10/01/2025	To 12/31/2025

### Intermediate Person(s) (if any)

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Persons(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 19 Jan 2026 By Daniel Madison (RSO) Voice: 858.826.9801 Cell: 858.228.7191 eMail: <a href="mailto:madsond@leidos.com">madsond@leidos.com</a>	
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 Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Persons(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	<i>NMSS ID</i> <i>NMSS</i>	
Title of Responsible Individual			

### Information on Device(s) Transferred

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