

**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.	<b>Reporting Period</b>	
License Number	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 **** Submitted 19 Jan 2026 By Daniel Madson (RSO) Voice: 858.826.9801 Cell: 858.228.7191 eMail: <a href="mailto:madsond@leidos.com">madsond@leidos.com</a>		
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

**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)  NMSSID NMSS		
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