



U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

EXPIRES: 03/31/2010

Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5F52), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollections@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NRC-102022, (3150-0000). 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.

GL-58142-17

Company Name: CULPEPER

[illegible]

Department:

[illegible]

Address Line 1: 701 WEST MAUSOLEUM ROAD

[illegible]

Address Line 2:

[illegible]

City: SHELBYVILLE

[illegible]

State: IN

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Zip Code: 46176 -

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[illegible]

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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: BECHTEL

B	E	C	K	T	E	L													
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First Name: JASON

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Middle Initial: P

D

Telephone: (800) 222-7857

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Extension:

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Title: PLANT MANAGER

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**Enter the mailing address where correspondence regarding your device(s) should be sent.
This address should be specific to the use or storage location of your device(s).**

Department:

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Address Line 1: 701 WEST MAUSOLEUM ROAD

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Address Line 2:

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City: SHELBYVILLE

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State: IN

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Zip Code: 46176 -

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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 1 of 1****NRC Device Key** **795041** **(Internal Control Number)****Distributor/Distributed By:** **SPECTRO**

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Distributor License Number: **L02788G**

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Manufacturer Name: **SPECTRO**

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Device Model (Not Source Model): **200**

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Device Serial Number: **11126**

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Transfer Date (Receipt Date): **05/10/2006**

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☐ **Not in possession of device**
(Also complete Section 4.)**MM** **DD** **YYYY**

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																				
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SECTION 4

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Transfer Date:

(from Section 2 or 6)

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MM

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DD

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Y Y Y Y

☐ 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)
☐ Returned to Manufacturer (complete Part 1 only) (complete Part 2)

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

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Enter the name of the individual responsible for this device:

[illegible][illegible]

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[illegible]



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SECTION 5 - CERTIFICATION

SECTION 5
PAGE 1 of 1

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>)



SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

5-2-2013

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 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: