

[illegible]



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01/08/2014

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: BOLHUIS

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First Name: STEVE

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Middle Initial:

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Telephone: (231) 727-0722

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Title: OWNER

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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 2:

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City: MUSKEGON

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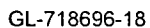
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Zip Code: 49442 -

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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**                      **734797**                      **(Internal Control Number)**

Distributor/Distributed By: THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR

Distributor License Number: 53-0388

Manufacturer Name: NITON LLC

Device Model (Not Source Model): XLP818Q

Device Serial Number: 7951

Transfer Date (Receipt Date): 06/28/2005

MM

DD

YYYY

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

|   | Isotope (e.g. AM241) | Activity (e.g. 100) | Unit (e.g. mCi) |
|---|----------------------|---------------------|-----------------|
| 1 | AM241                | 30.000000000        | mCi             |
| 2 |                      |                     |                 |
| 3 |                      |                     |                 |
| 4 |                      |                     |                 |
| 5 |                      |                     |                 |
| 6 |                      |                     |                 |



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### SECTION 3

PAGE 1 of 1

**Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.**

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(Received)

MM

DD

Y Y Y Y

Unit (e.g. 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)

7 3 4 7 9 7

1 2 2 3 2 0 1 3

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

Part 2 License Number of Recipient (if transferred to a specific licensee):

M A 5 5 0 2 3 8

Company Name:

T H E R M O F I S H E R S C I E N T I F I C

Department:

Address Line 1:

2 R A D C L I F F R O A D

Address Line 2:

City:

T E W K S B U R Y

State:

M A

Zip Code:

0 1 8 7 6 -

### Part 3

Enter the name of the individual responsible for this device:

Last Name:

S T E P H E N

First Name:

F U R T A D O

Middle Initial:

Telephone Number:

8 0 0

8 7 5

1 5 7 8

Extension:

1 4 6 2

Title:



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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>)

2-18-14

**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 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

PAGE 1 of 1

**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Grant Bolhuis  
Beacon Recycling Inc.  
1241 E. Keating  
Muskegon, MI 49442

Re: Radioactive Materials Transfer Notification – 12/23/13

Mr. Bolhuis,

This letter is to inform you that the Niton instrument you returned, Model XLp 818, XRF Analyzer, Serial # 7951, has been received at the Thermo Fisher Scientific MA facility. The Am-241 source, 30 mCi, S/N: 4975CW, has been removed from instrument per your request. The source will be stored at the MA facility under our license # MA 55-0238, while awaiting proper disposal. The decommissioned instrument is not being returned to you as requested. If you have any questions or need further information please feel free to contact me.

Sincerely,

*Stephen Furtado*

Stephen Furtado  
Thermo Scientific Portable Analytical Instruments  
2 Radcliff Road  
Tewksbury, MA 01876  
stephen.furtado@thermofisher.com  
Tel. 1-800-875-1578 (Ext: 210-1462)