

[illegible]



SECTION 1
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Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

[illegible][illegible]

7

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

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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key **731132** **(Internal Control Number)**

Distributor/Distributed By: OHMART/VEGA CORPORATION

[illegible]

Distributor License Number: 34-00639-03G

[illegible]

Manufacturer Name: OHMART/VEGA CORPORATION

[illegible]

Device Model (Not Source Model): SR-1A

[illegible]

Device Serial Number: 4769CM

[illegible]

Transfer Date (Receipt Date): 01/31/2005

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MM

DD

YY YY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137	1000.000000000	mCi
2			
3			
4			
5			
6			



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

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

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MM

DD

YYY Y

Unit (e.g. mCi)

1.					
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[illegible]

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2.					
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[illegible]

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3.					
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[illegible]

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4.					
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[illegible]

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5.					
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[illegible]

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6.					
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[illegible]

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7.					
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[illegible]

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8.					
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[illegible]

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9.					
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[illegible]

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10.				
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[illegible]

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SECTION 4

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

Transfer Date:

Diagram illustrating memory cells:

- MM (Memory Module)
- DD (Data Disk)
- YYYY (Yearly Yearly Yearly Yearly)

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):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

 Zip Code:

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

Last Name:

[illegible]

First Name:

[illegible]

Middle Initial:

Telephone Number:												Extension:				
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Title:

[illegible]



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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>)

8-May-2015

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

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: