



U.S. NUCLEAR REGULATORY COMMISSION

EXPIRES: 04/30/2016

GLTS



GL-726469-20
04/07/2016

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: WALKER

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First Name: TIMOTHY

Middle Initial: A

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Telephone: (503) 543-6103

Extension:

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Title: CURRENT SAFETY OFFICER

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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: TIMOTHY WALKER

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Address Line 1: 2900 SACAJAWEA PARK ROAD

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City: PASCO

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Zip Code: 99301 -

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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

PAGE 1 of 2

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

NRC Device Key **826812** **(Internal Control Number)**

Distributor/Distributed By: **RONAN ENGINEERING COMPANY**

[illegible]

Distributor License Number: IND-267-95G

[illegible]

Manufacturer Name: RONAN ENGINEERING COMPANY

[illegible]

Device Model (Not Source Model): SA1-C10

[illegible]

Device Serial Number: M2386

[illegible]

Transfer Date (Receipt Date): 10/04/1988

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

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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)

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Unit (e.g. mCi)

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SECTION 4

PAGE 1 of 1

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

Transfer Date:

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☐ 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)

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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>)

4/26/16

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: