



For NRC Use Only <i>(Do not write here)</i>				Category:				<input style="width: 40px; height: 30px;" type="text"/> <input style="width: 40px; height: 30px;" type="text"/>	
				Packet Receipt Date (MMDDYYYY):					
				Accession Number:					



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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: KING

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First Name: JOSH

Middle Initial:

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Telephone: (208) 322-5200

Extension:

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Title: 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:

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Address Line 1: 12542 WEST FAIRVIEW AVENUE

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Address Line 2:

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City: BOISE ✓

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State: ID ✓

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Zip Code: 83713 - 0026 ✓

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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 **834049** **(Internal Control Number)**

Distributor/Distributed By: INDUSTRIAL DYNAMICS CO., LTD.

[illegible]

Distributor License Number: 1586-19GL

[illegible]

Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

[illegible]

Device Model (Not Source Model): FT-50

[illegible]

Device Serial Number: 118048

[illegible]

Transfer Date (Receipt Date): 12/23/2014

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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	AM241 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	100.000000000 <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	GBq <div> <div>m</div> <div> <div> <div></div> <div></div> </div> </div> <div> <div></div> <div></div> </div> </div>
2	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
3	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
4	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
5	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
6	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>



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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:

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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]

11

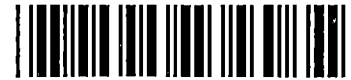
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[illegible]



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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>)

Janice Skinner, Controller
SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

5/6/16
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: