



GLTS SECTION 1
PAGE 1 of 2
U.S. NUCLEAR REGULATORY COMMISSION

For NRC Use Only <i>(Do not write here)</i>				Category:					
				Packet Receipt Date (MMDDYYYY):					
				Accession Number:					



	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241	100.000000000	mCi
2			
3			
4			
5			
6			



GL-704757-21

11/09/2016

SECTION 2 - DEVICES SUBJECT TO REGISTRATION**SECTION 2****Our records indicate that you have these devices. Please update the information as necessary.****PAGE 2 of 2****NRC Device Key** **745548** **(Internal Control Number)**

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

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Distributor License Number: 1586-19GL

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Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

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Device Model (Not Source Model): FT-50-B

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Device Serial Number: 117096

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Transfer Date (Receipt Date): 05/11/2006

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MM

DD

YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																						
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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]

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[illegible]



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SECTION 5 - CERTIFICATION

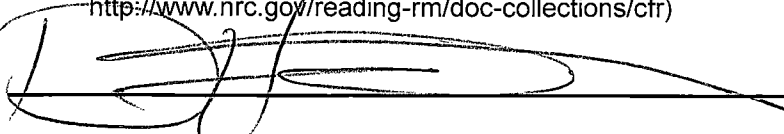
SECTION 5
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I hereby certify that:

- 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>)



1-4-17

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:

In accordance with the Debt Collection Improvement Act of 1996, you are required to provide your taxpayer identification number. This number may be used to make payments (refunds) or for purposes of collecting and reporting on any delinquent amounts arising out of your relationship with the Federal Government.

Please complete the applicable blocks and fax the completed form to (301) 415-4135. Thank you for your assistance and cooperation. If you have any questions, please contact us. Our telephone number is (301) 415-7554.

Indicate the status of your business:

☐ CORPORATION ☐ CITY/STATE GOVERNMENT ☐ OTHER (Specify in box below)
☐ PARTNERSHIP ☐ FEDERAL GOVERNMENT ☐ INDIVIDUAL

TAXPAYER IDENTIFICATION NUMBER

**NRC LICENSE OR
REGISTRATION NUMBER(S)**

SOCIAL SECURITY NUMBER

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} = \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

OR

EMPLOYER IDENTIFICATION NUMBER[illegible][illegible][illegible][illegible]

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.

SIGNATURE - TAXPAYER REPRESENTATIVE

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NRC LICENSEE OR VENDOR

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BILLING ADDRESS

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BILLING TELEPHONE NUMBER

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BILLING EMAIL ADDRESS

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