





01/24/2018

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: BEHYMER

[illegible]

First Name: JEDIDIAH

[illegible]

Middle Initial: C

7

Business Telephone Number: (219) 878-7423

--	--	--	--	--	--	--	--	--

Extension:

--	--	--	--	--

**Title:** RADIATION SAFETY OFFICER

[illegible]

**Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the physical location where the devices are used and/or stored.**

Department:

[illegible]

Address Line 1: 505 N. ROESKE AVENUE

[illegible]

Address Line 2:

[illegible]

City: MICHIGAN CITY

[illegible]

State: IN

--	--

Zip Code: 46360 - 2668

--	--	--	--	--

1

--	--	--	--









01/24/2018

## SECTION 4

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

## Transfer Date:

--	--

--	--

--	--	--	--

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]

--	--

--	--

—

--	--

**Enter the name of the individual responsible for this device:**

[illegible][illegible]

1

--	--	--

--	--	--

--	--	--	--

--	--	--	--	--

[illegible]



GL-700509-23  
01/24/2018

**SECTION 5 - CERTIFICATION**

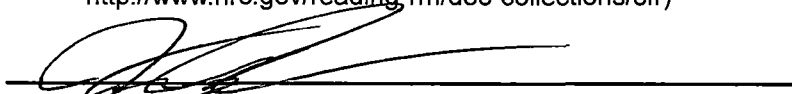
**SECTION 5**  
**PAGE 1 of 1**

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>)



2/7/18

**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.



GL-700509-23  
01/24/2018



**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: