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**Steve Noble**

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**From:** Lowman, Donald <Donald.Lowman@nrc.gov>  
**Sent:** Thursday, December 6, 2018 1:58 PM  
**Subject:** U.S. Nuclear Regulatory Commission: Error in General License Registration NRC Form 664

We just became aware of an issue in our general license tracking system and are in the process of contacting the licensees affected by error. You recently received a general license registration package from the U.S. Nuclear Regulatory Commission dated November 16, 2018. Unfortunately, there was an error in our new tracking system that allowed tritium devices to be printed in Section 6 of the registration form (tritium devices were excluded from Section 6 in our previous tracking system). Please disregard tritium devices in Section 6 of your registration, however, please complete the rest of the form as usual and return to us.

We apologize for any inconvenience this has caused you. Please let me know if you have any questions.

**Don Lowman**

Health Physicist  
U.S. Nuclear Regulatory Commission  
NMSS/MSST/MSLB  
301.415.5452



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
WASHINGTON, D.C. 20555-0001

November 16, 2018

TO: Users of Devices Subject to General License Registration

SUBJECT: ANNUAL REGISTRATION OF GENERALLY LICENSED DEVICES

The U.S. Nuclear Regulatory Commission (NRC) requires annual registration of certain devices that are possessed under the general license issued in Section 31.5 of Title 10 U.S. Code of Federal Regulations (10 CFR 31.5). Devices subject to registration include those containing the radioactive material and activity listed in Table 1 of the attached NRC Form 664. You are receiving this notice because NRC records indicate that you have one or more such devices. Information about the general license registration program is available NRC website at <http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html>

Note that under 10 CFR 31.5(c)(11), the attached General Licensee Registration Package must be completed, signed, and returned to the NRC within 30 days from the date of this letter. Read all of the instructions prior to completing the package. Mail the completed package in the enclosed envelope to:

Director, Office of Nuclear Material Safety  
and Safeguards  
ATTN: GLTS  
U.S. Nuclear Regulatory Commission  
Washington DC 20555-0001

**Registration Fee:** Commission regulations (10 CFR 170.31, Category 3Q) require that you submit a registration fee with each registration on an annual basis. The registration fee is subject to change yearly, and you are required to submit the fee that is in effect as of the date of this letter. An invoice for the current amount due will be sent to you under separate cover. If you have any questions about the fee or the invoice, please contact the License Fee Billing Help Desk at 301-415-7554 or e-mail at [fees.resource@nrc.gov](mailto:fees.resource@nrc.gov).

NRC amended 10 CFR Parts 170.11 and 170.31 to provide that 10 CFR Part 170 fees be assessed to Federal agencies, where applicable, in accordance with the Energy Policy Act of 2005. Therefore, those Federal facilities required to register certain generally licensed devices in their possession will be required to pay the annual registration fee.

Attachment: NRC Form 664 -- General Licensee Registration and Instructions

Sincerely,

A handwritten signature in black ink, appearing to read "Don Lowman", is written over the printed name.

Donald Lowman

U.S. Nuclear Regulatory Commission  
Office of Nuclear Material Safety and  
Safeguards  
Division of Material Safety, State, Tribal and  
Rulemaking Programs  
Materials Safety Licensing Branch

**INSTRUCTIONS FOR COMPLETING NRC FORM 664  
"GENERAL LICENSEE REGISTRATION"**

Review all six sections of this registration form. If any information is incorrect or missing, make corrections in the applicable boxes. If you have more devices than space provided in the form, **copy the form before starting, as needed.** Use black ink and print in **CAPITAL LETTERS**. Start information in the first box provided. If the information contains a number with a dash (-) or a decimal point (.), include the dash or decimal point as an individual character. Use the "ø" character to represent the number 0 (zero).

Verify information about the devices by reviewing the label on the outside of the device. **For safety reasons, DO NOT TRY TO TAKE APART any device to verify this information.** If you are uncertain how to identify the device's label, contact the device's manufacturer or an authorized service agent for this information. Also, contact the manufacturer for any additional information about NRC requirements. You may also review 10 CFR 31.5 and other applicable regulations on the NRC web site at [http://www.nrc.gov/reading\\_rm/doc\\_collections/cfr/](http://www.nrc.gov/reading_rm/doc_collections/cfr/), or review specific information about the general licensee project at <http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html>.

**Note to specific licensees:** If you believe the device(s) listed on the registration form are possessed under your specific license, then verify the device label does not state the device is subject to a general license. If the labels indicate the device is subject to a general license, then complete the registration form as instructed below. If not, complete the registration as instructed below, however, in Section 2, follow the instructions for "not in possession of device" and complete one Section 4 page per device transferred to your specific license.

**Section 1 - General Licensee Information.** Provide the requested information about you, the general licensee.

On Page 1, provide the street address/location where your device(s) are used. For portable devices, provide the storage location. P.O. Box addresses are not allowed.

Do not write in the box marked **For NRC Use Only**.

On Page 2, provide the name, telephone number, and title of the individual responsible for your device(s), and a mailing address where correspondence about your device(s) can be sent. The mailing address should be specific to the physical location where the devices are used and/or stored (P.O. boxes may be used if this is the only available mailing address). The individual indicated in this section as responsible for your device(s) must also verify and sign the form in Section 5.

**Section 2 - Devices Subject to Registration.** This section lists each device subject to registration and in your possession, according to NRC records. Devices subject to registration include those containing at least one of the radionuclides listed in Table 1, with the activity indicated, at the time of manufacture.

**Table 1. Criteria for Registration**

| Radionuclide  | Activity greater than or equal to: |
|---|------------------------------------|
| Strontium-90, Radium-226                                  | 3.7 megabecquerel (0.1 millicurie) |
| Cobalt-60, Curium-244, Americium-241, and Californium-252 | 37 megabecquerel (1 millicurie)    |
| Cesium-137  | 370 megabecquerel (10 millicurie)  |

Use the codes from Table 2 when correcting isotope information for devices in this section. If you do not possess a device on this list, blacken the "not in possession of device" circle, and provide the relevant information in Section 4. Note that each device is assigned a unique six-digit number called the NRC Device Key.

**Table 2. Isotope Codes for Sections 2 and 3**

| Radionuclide    | Code for form | Radionuclide | Code for form |
|-----------------|---------------|--------------|---------------|
| Americium-241   | AM241         | Curium-244   | CM244         |
| Californium-252 | CF252         | Strontium-90 | SR90          |
| Cesium-137      | CS137         | Radium-226   | RA226         |
| Cobalt-60       | CO60          |              |               |

**Section 3 - Additional Devices.** If you have other generally licensed devices (not listed in Section 2) that meet the conditions for registration listed in Table 1, provide information about each additional device. **Before starting, copy this section as needed for your additional devices.** Also indicate how you acquired each device by blackening the proper circle.

When entering isotope and unit information for your device(s), use the codes listed in Table 2 of Section 2 for isotope information, and use the codes from Table 3 for unit information:

**Table 3. Unit Codes for Section 3**

| Unit       | Code for form | Unit          | Code for form |
|------------|---------------|---------------|---------------|
| picocurie  | PCI           | becquerel     | BQ            |
| nanocurie  | NCI           | kilobecquerel | KBQ           |
| microcurie | UCI           | megabecquerel | MBQ           |
| millicurie | MCI           | gigabecquerel | GBQ           |
| curie      | CI            | terabecquerel | TBQ           |
|            |               |               |               |
| pound      | LB            | microgram     | UG            |
|            |               | milligram     | MG            |
| kilogram   | KG            | gram          | G             |

**Section 4 - Not in Possession of Device.** Use this section to report any devices that are listed in Sections 2 or 6, but that you no longer possess. **Before starting, copy this section as needed for additional devices that are not in your possession.** Enter the NRC Device Key, as listed in Section 2 or 6. Blacken the circle (choose only one) that best describes the disposition of the device and complete the rest of the section as appropriate.

**Section 5 - Certification and Signature.** The responsible individual must certify, sign, and date Section 5.

**Section 6 - Devices Not Subject to Registration.** This list contains information about devices that NRC records indicate are in your possession, but **are not subject to registration**. If you no longer have one or more of the listed devices, you are required to make a transfer report to NRC in accordance with 10 CFR 31.5(c)(8) or (9), as applicable. You may use Section 4 for this purpose. This section does not list any static eliminators containing polonium-210 (Po-210), or luminous exit signs containing tritium (H-3). These devices are not subject to registration, and are not included in this section in an effort to reduce the length of this form.

**RETURN THE COMPLETED FORM IN THE ENCLOSED ENVELOPE WITH PROPER**



U.S. NUCLEAR REGULATORY COMMISSION

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| <b>For NRC Use Only</b><br><i>(Do not write here)</i> |  |  |  | <b>Category:</b>                       |  |  |  |
|   |  |  |  | <b>Packet Receipt Date (MMDDYYYY):</b> |  |  |  |
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|   |  |  |  | <b>Accession Number:</b>               |  |  |  |
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11/08/2018

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: NOBLE

[illegible]

First Name: STEVEN

[illegible]

Middle Initial: L

7

Business Telephone Number: (574) 970-0297

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Title: SAFETY OFFICER

[illegible]

**Enter the mailing address where correspondence regarding your device(s) should be sent.**

Department:

[illegible]

Address Line 1: 1810 WEST LUSHER AVENUE

[illegible]

Address Line 2: P.O. BOX 1968

[illegible]

City: ELKHART

[illegible]

State: IN

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Zip Code: 46515

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11/08/2018

## SECTION 2

PAGE 1 of 3

**Distributor/Distributed By:** NDC Technologies

[illegible]

Distributor License Number: 1933-70 GL

[illegible]

Manufacturer name: NDC INFRARED ENGINEERING, INC.

[illegible]

Device Model (Not Source Model): 102

[illegible]

Device Serial Number: 3679

[illegible]

Transfer Date: 05/15/1995

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

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GL-700568-24  
11/08/2018

## 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 3

**NRC Device Key**                      **564699** (Internal Control Number)

Distributor/Distributed By:    NDC Technologies

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Distributor License Number:    1933-70 GL

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Manufacturer name:            NDC INFRARED ENGINEERING, INC.

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Device Model (Not Source Model):    103

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Device Serial Number:        4935

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Transfer Date:    11/15/1998

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

MM            DD            YYYY

|   | Isotope (e.g. AM241)   | Activity (e.g. 1005) | Unit (e.g. mCi) |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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GL-700568-24  
11/08/2018

## SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 3 of 3

**NRC Device Key**                      **648277**    (Internal Control Number)

Distributor/Distributed By:    NDC Technologies

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Distributor License Number:    1933-70 GL

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Manufacturer name:            NDC INFRARED ENGINEERING, INC.

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Device Model (Not Source Model):    102

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Device Serial Number:        1148

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Transfer Date:    02/07/2002

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

MM            DD            YYYY

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GL-700568-24  
11/08/2018

**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.

(Copied of applicable regulations may be viewed at the NRC website at:

[http://www.nrc.gov/reading\\_rm/doc-collections/cfr](http://www.nrc.gov/reading_rm/doc-collections/cfr))

  
\_\_\_\_\_  
**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. 10 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.



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

## Part 1

NRC Device Key:  
(from Section 2 or 6)

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Transfer Date:

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| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
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**Location of the Device:**

- ☒ Whereabouts Unknown (Complete Part 1 only)
- ☐ Never Possessed the Device (Complete Part 1 only)
- ☐ Returned to Manufacturer (Complete Part 1 only)
- ☐ Transferred to another general licensee (Complete Parts 2 and 3)
- ☐ Transferred to a Specific Licensee (Not the manufacturer) (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:

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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:

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Business Telephone  
Number:

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**Title:**

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11/08/2018

## SECTION 4

PAGE 1 of 1

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

## Transfer Date:

NRC Device Key:  
(from Section 2 or 6)

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| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
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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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**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:

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

Last name:

[illegible]

First name:

[illegible]

Middle Initial:

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Business Telephone  
Number:

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Title:

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11/08/2018

## SECTION 4

**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) (Complete Part 2)

☐ Returned to Manufacturer (Complete Part 1 only)

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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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| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
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YYYY

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

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Address Line 2:

[illegible]

City:

[illegible]

State:

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

Last name:

[illegible]

First name:

[illegible]

Middle Initial:

11

Business Telephone  
Number:

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Title:

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11/08/2018

## SECTION 4

PAGE 1 of 1

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

## Part 1

Transfer Date:

NRC Device Key:  
(from Section 2 or 6)

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| 5 | 1 | 8 | 9 | 2 | 2 |  |
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|---|---|---|---|---|---|---|---|
| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
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Y Y Y Y

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**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:

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

Last name:

[illegible]

First name:

[illegible]

Middle Initial:

7

Business Telephone  
Number:

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Title:

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11/08/2018

## 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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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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**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:

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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:

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Business Telephone  
Number:

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Title:

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GL-700568-24

#### SECTION 4 - NOT IN POSSESSION OF DEVICE

## SECTION 4

PAGE 1 of 1

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

## Part 1

NRC Device Key:  
(from Section 2 or 6)

|   |   |   |   |   |   |  |
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Transfer Date:

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| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
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MM

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YYYY

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

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Address Line 2:

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City:

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

Last name:

[illegible]

First name:

[illegible]

Middle Initial:

Business Telephone  
Number:

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Title:

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11/08/2018

## SECTION 4

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

## Transfer Date:

MM

DD

YYYY

☒ 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) (Complete Part 2)

☐ Returned to Manufacturer (Complete Part 1 only)

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11/08/2018

## 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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|---|---|---|---|---|---|--|
| 6 | 2 | 3 | 1 | 5 | 1 |  |
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| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
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Y Y Y Y

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**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:

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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:

1

Business Telephone  
Number:

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Extension:

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Title:

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11/08/2018

## 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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MM DD YYYY

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**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:

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Zip Code:

[illegible]

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

Last name:

[illegible]

First name:

[illegible]

Middle Initial:

1

Business Telephone  
Number:

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Title:

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11/08/2018

## SECTION 4

PAGE 1 of 1

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

## Transfer Date:

|   |   |   |   |   |   |  |
|---|---|---|---|---|---|--|
| 6 | 5 | 0 | 7 | 1 | 6 |  |
|---|---|---|---|---|---|--|

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|---|---|---|---|---|---|---|---|
| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
|---|---|---|---|---|---|---|---|

YYYY

☒ 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) (Complete Part 2)

☐ Returned to Manufacturer (Complete Part 1 only)

**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:

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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:

1

Business Telephone  
Number:

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Title:

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11/08/2018

## SECTION 4

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

## Transfer Date:

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|---|---|---|---|---|---|--|
| 6 | 7 | 7 | 0 | 4 | 2 |  |
|---|---|---|---|---|---|--|

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|---|---|---|---|---|---|---|---|
| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
|---|---|---|---|---|---|---|---|

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) (Complete Part 2)

☐ Returned to Manufacturer (Complete Part 1 only)

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11/08/2018

## 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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| 6 | 7 | 7 | 0 | 4 | 5 |  |
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|---|---|---|---|---|---|---|---|
| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
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YYYY

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**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:

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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:

7

Business Telephone  
Number:

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Title:

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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.**

## Part 1

NRC Device Key:  
(from Section 2 or 6)

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Transfer Date:

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| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
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MM

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YYYY

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**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:

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Zip Code:

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

Last name:

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First name:

[illegible]

Middle Initial:

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Business Telephone  
Number:

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Title:

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## SECTION 4

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

## Transfer Date:

MM

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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) (Complete Part 2)

☐ Returned to Manufacturer (Complete Part 1 only)

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11/08/2018

## SECTION 4

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

PAGE 1 of 1

## Transfer Date:

NRC Device Key:  
(from Section 2 or 6)

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| 7 | 0 | 2 | 1 | 1 | 0 |  |
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|---|---|---|---|---|---|---|---|
| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
|---|---|---|---|---|---|---|---|

MM

DD

YYYY

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**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:

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State:

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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:

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Business Telephone  
Number:

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Title:

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11/08/2018

## SECTION 4

PAGE 1 of 1

## Part 1

Transfer Date:

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| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
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MM

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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) (Complete Part 2)

☐ Returned to Manufacturer (Complete Part 1 only)

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Last name:

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11/08/2018

## SECTION 4

PAGE 1 of 1

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

## Transfer Date:

|   |   |   |   |   |   |  |
|---|---|---|---|---|---|--|
| 7 | 7 | 1 | 8 | 1 | 3 |  |
|---|---|---|---|---|---|--|

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| 1  | 2 | 1  | 3 | 2    | 0 | 1 | 8 |
| MM |   | DD |   | YYYY |   |   |   |

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**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:

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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:

7

Business Telephone  
Number:

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Extension:

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Title:

[illegible]



11/08/2018

## SECTION 4

PAGE 1 of 1

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

## Transfer Date:

MM

DD



☐ 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) (Complete Part 2)

☐ Returned to Manufacturer (Complete Part 1 only)

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Extension:

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11/08/2018

## SECTION 4

PAGE 1 of 1

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

## Part 1

NRC Device Key:  
(from Section 2 or 6)

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|---|---|---|---|---|---|--|
| 7 | 8 | 9 | 4 | 3 | 1 |  |
|---|---|---|---|---|---|--|

Transfer Date:

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|---|---|---|---|---|---|---|---|
| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
|---|---|---|---|---|---|---|---|

MM

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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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**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:

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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:

1

Business Telephone  
Number:

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Title:

[illegible]



GL-700568-24

**SECTION 4 - NOT IN POSSESSION OF DEVICE .**

SECTION 4

PAGE 1 of 1

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

## Part 1

NRC Device Key:  
(from Section 2 or 6)

|   |   |   |   |   |   |  |
|---|---|---|---|---|---|--|
| 7 | 8 | 9 | 4 | 3 | 2 |  |
|---|---|---|---|---|---|--|

Transfer Date:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
|---|---|---|---|---|---|---|---|

MM

DD

YYYY

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**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:

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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:

|  |
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|  |
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Business Telephone  
Number:

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Extension:

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Title:

[illegible]



GL-700568-24

**SECTION 4 - NOT IN POSSESSION OF DEVICE**

SECTION 4

PAGE 1 of 1

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

## Part 1

NRC Device Key:  
(from Section 2 or 6)

|   |   |   |   |   |   |  |
|---|---|---|---|---|---|--|
| 8 | 0 | 2 | 2 | 8 | 6 |  |
|---|---|---|---|---|---|--|

Transfer Date:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 1 | 3 | 2 | 0 | 1 | 8 |
|---|---|---|---|---|---|---|---|

MM

DD



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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**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:

|  |  |
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|  |  |
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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:

7

Business Telephone  
Number:

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Extension:

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Title:

[illegible]



11/08/2018

## SECTION 4

PAGE 1 of 1

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

## Transfer Date:

|   |   |   |   |   |   |  |
|---|---|---|---|---|---|--|
| 8 | 0 | 2 | 2 | 8 | 7 |  |
|---|---|---|---|---|---|--|

|    |   |    |   |      |   |   |   |
|----|---|----|---|------|---|---|---|
| 1  | 2 | 1  | 3 | 2    | 0 | 1 | 8 |
| MM |   | DD |   | YYYY |   |   |   |

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

**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: 



 -

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

Last name:

[illegible]

First name:

[illegible]

Middle Initial:

[illegible]

Business Telephone  
Number:

[illegible]

Extension:

|  |  |  |  |  |
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Title:

[illegible]