





GL-727895-24

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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: CHALFANT

DAVIS

First Name: RICHARD

TOYBE

Middle Initial: L

Business Telephone Number: (302) 773-2609

302 683 8329

Extension:

Title: RADIATION SAFETY OFFICER

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

Department: EHS ROOM 12099

1115-5

Address Line 1: THE CHEMOURS CO.

Address Line 2: PO BOX 2047

1007 NORTH MARKET ST

City: WILMINGTON

State: DE

Zip Code: 19899



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## SECTION 2

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

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**NRC Device Key**                      **690154**    **(Internal Control Number)**

Distributor/Distributed By: Thermo Scientific Analytical Instruments, Inc.

[illegible]

Distributor License Number: 53-0388

[illegible]

Manufacturer name: NITON CORPORATION

[illegible]

Device Model (Not Source Model): XLI421

[illegible]

Device Serial Number: 5312

[illegible]

Transfer Date: 07/01/2015

0	3	2	2	2	0	1	9
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MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CD109 <div><div></div><div></div><div></div><div></div><div></div></div>	40 <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>	mCi <div><div></div><div></div><div></div></div>
2	AM241 <div><div></div><div></div><div></div><div></div><div></div></div>	14 <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>	mCi <div><div></div><div></div><div></div></div>
3	AM241 <div><div></div><div></div><div></div><div></div><div></div></div>	1 <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>	uCi <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>



PAGE 1 of 1

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[illegible]

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[illegible]


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[illegible]

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## 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)

6	9	0	1	5	4	
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Transfer Date:

0	3	2	2	2	0	1	9
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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)  
☒ Returned to Manufacturer (Complete Part 1 only)      (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:

[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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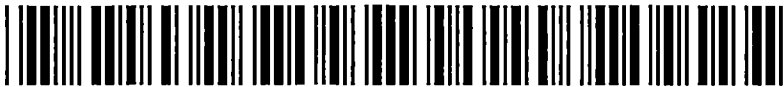
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Extension:

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**Title:**

[illegible]



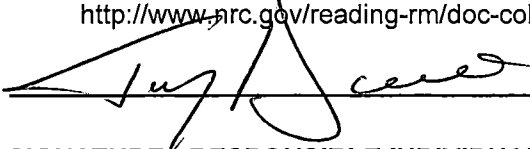
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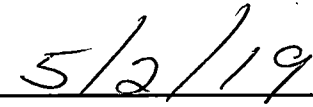
**SECTION 5 - CERTIFICATION**

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





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**SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION****SECTION 6**  
**PAGE 1 of 1****NRC Device Key:** 704890

Manufacturer License No: 53-0388

Manufacturer Name: NITON LLC

Model Number: XLI401

Serial #: 5855

Transfer Date: 07/01/2015

Isotope: CD109

Activity: 40

Unit: mCi

**NRC Device Key:** 772323

Manufacturer License No: 07-28762-02G

Manufacturer Name: AGILENT TECHNOLOGIES, INC.

Model Number: G2397A

Serial #: U12649

Transfer Date: 07/01/2015

Isotope: NI63

Activity: 15

Unit: mCi

**NRC Device Key:** 811674

Manufacturer License No: 07-28762-02G

Manufacturer Name: AGILENT TECHNOLOGIES, INC.

Model Number: G239765506

Serial #: U18173

Transfer Date: 07/01/2015

Isotope: NI63

Activity: 15

Unit: mCi

**NRC Device Key:** 819339

Manufacturer License No: 22-12602-03G

Manufacturer Name: TSI INCORPORATED

Model Number: 3077A

Serial #: 77A-0452

Transfer Date: 09/15/2015

Isotope: KR85

Activity: 10

Unit: mCi