



SECTION 1  
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

|  |                                |                      |                      |
|--|--------------------------------|----------------------|----------------------|
| <b>*For NRC Use Only</b><br><i>(Do not write here)</i> | Category:                      | <input type="text"/> | <input type="text"/> |
|  | Packet Receipt Date (MMDDYYYY) | <input type="text"/> | <input type="text"/> |
|  | Accession Number:              | <input type="text"/> | <input type="text"/> |



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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: LEWIS

L E I T C H

First Name: JENNIFER

J E F F

Middle Initial: E

A

Business Telephone Number: (314) 679-3120

Extension:

Title: SHEQ MANAGER

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

Department:

Address Line 1 6901 MCKISSOCK AVENUE

Address Line 2:

City: SAINT LOUIS

State: MO

Zip Code: 63147





11/06/2019

## SECTION 2

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Distributor/Distributed By. Peco Controls Corporation

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|   | Isotope (e.g. AM241) | Activity (e.g. 1005) | Unit (e.g. mCi) |
|---|----------------------|----------------------|-----------------|
| 1 | AM241                | 100                  | mCi             |
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| 3 |                      |                      |                 |
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| 5 |                      |                      |                 |
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SECTION 2  
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## SECTION 2

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**717201 (Internal Control Number)**

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Unit (e.g. mCi)

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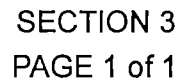
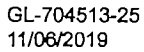
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|   | Isotope (e.g. AM241)  | Activity (e.g. 1005)   | Unit (e.g. mCi)                                     |
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**Manufacturer Name**

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Unit (e.g. mCi)

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**SECTION 5 - CERTIFICATION**

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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.

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

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

09-DEC-2019

**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**

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**NRC Device Key:**

Manufacturer License No.

Manufacturer Name:

Model Number:

Serial #.

Transfer Date:

Isotope.

Activity:

Unit.

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