



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

April 18, 2019

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.

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,
/RAI

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 and Tribal
Liaison Branch

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

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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,
/RA/

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 and Tribal
Liaison Branch

Distribution:
MSST r/f

ML19114A335

Office	NMSS
Name	D. Lowman
Date	04/03/2019

OFFICIAL RECORD ONLY

[illegible]



GL-52864-24
04/10/2019

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: HARRIS

T	A	O																				
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name: RICHARD

W	E	I	J	I	N	G								
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Middle Initial: M

--

Business Telephone Number: (302) 836-2220

3	0	2												
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Extension:

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

Title: PROCESS ENGINEER

P	L	A	N	T		M	A	N	A	G	E	R										
---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

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

Department:

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

Address Line 1: PO BOX 320

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

Address Line 2:

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

City: DELAWARE CITY

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

State: DE

--	--

Zip Code: 19706

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

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





GL-52864-24

04/10/2019

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)

3 9 0 9 7 3

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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04/10/2019

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)

3 9 0 9 7 4

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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- ☐ Never Possessed the Device (Complete Part 1 only)
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- ☐ 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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2

8 3 6

2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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)

390975

Transfer Date:

03

MM

06

DD

2019

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2

8 3 6

2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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04/10/2019

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)

3 9 0 9 7 6

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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04/10/2019

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)

390977

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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04/10/2019

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)

390978

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2138 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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04/10/2019

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)

390979

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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NRC Device Key:

(from Section 2 or 6)

3 9 0 9 8 0

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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04/10/2019

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)

390981

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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04/10/2019

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)

390982

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2138 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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)

390983

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

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NRC Device Key:

(from Section 2 or 6)

3 9 0 9 8 4

Transfer Date:

0 3

MM

0 6

DD

2 0 1 9

YYYY

Location of the Device:

- ☐ Whereabouts Unknown (Complete Part 1 only)
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- ☐ Returned to Manufacturer (Complete Part 1 only)

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

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2

8 3 6

2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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NRC Device Key:

(from Section 2 or 6)

3 9 0 9 8 5

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

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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**

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(from Section 2 or 6)

681081

Transfer Date:

03

MM

06

DD

2019

YYYY

Location of the Device:

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- ☐ Never Possessed the Device (Complete Part 1 only)
- ☐ Returned to Manufacturer (Complete Part 1 only)

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- ☒ Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)

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

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2138 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2

8 3 6

2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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)

681082

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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 8 1 0 8 3

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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)

681084

Transfer Date:

03

MM

06

DD

2019

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2138 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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)

681086

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2138 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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04/10/2019

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)

681088

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2138 S T A T E R O U T E 18

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

16157 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3028362246

Extension:

Title:

P L A N T M A N A G E R



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04/10/2019

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)

681089

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2138 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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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)

681090

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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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)

681091

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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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 8 1 0 9 3

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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04/10/2019

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)

681094

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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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)

681095

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2138 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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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 8 1 0 9 9

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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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)

681116

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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 8 1 1 2 1

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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 8 1 1 2 5

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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04/10/2019

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 8 1 1 2 6

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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 8 1 1 2 7

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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)

681128

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2138 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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 8 1 1 2 9

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

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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)

681130

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

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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)

681131

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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 8 1 1 3 2

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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 8 1 1 3 3

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2

8 3 6

2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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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**

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(from Section 2 or 6)

6 8 1 1 3 4

Transfer Date:

0 3 0 6 2 0 1 9

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A L A R O N C O R P

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2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



GL-52864-24

04/10/2019

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 8 1 1 3 5

Transfer Date:

0 3 0 6 2 0 1 9

MM

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YYYY

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Address Line 2:

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W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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Last name:

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First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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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 8 1 1 3 6

Transfer Date:

0 3 0 6 2 0 1 9

MM

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Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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04/10/2019

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 8 1 1 3 7

Transfer Date:

0 3

MM

0 6

DD

2 0 1 9

YYYY

Location of the Device:

- ☐ Whereabouts Unknown (Complete Part 1 only)
- ☐ Never Possessed the Device (Complete Part 1 only)
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P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2

8 3 6

2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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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)

681138

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2138 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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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)

681139

Transfer Date:

03062019

MM

DD

YYYY

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):

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2138 S T A T E R O U T E 18

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

16157 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3028362246

Extension:

Title:

P L A N T M A N A G E R



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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 8 1 1 4 1

Transfer Date:

0 3 0 6 2 0 1 9

MM

DD

YYYY

Location of the Device:

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

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A M P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

T A O

First name:

W E I J I N G

Middle Initial:

Business Telephone
Number:

3 0 2 8 3 6 2 2 4 6

Extension:

Title:

P L A N T M A N A G E R



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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)

681142

Transfer Date:

03062019

MM

DD

YYYY

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

P A - 0 6 7 8

Company Name:

A L A R O N C O R P

Department:

Address Line 1:

2138 S T A T E R O U T E 1 8

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City:

W A M P U M

State:

P A

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1 6 1 5 7 -

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

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Business Telephone
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3 0 2 8 3 6 2 2 4 6

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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**

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6 8 1 1 4 3

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0 3

MM

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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)

681144

Transfer Date:

03062019

MM

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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**

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Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

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W A M P U M

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P A

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3 0 2 8 3 6 2 2 4 6

Extension:

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P L A N T M A N A G E R



GL-52864-24

04/10/2019

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.



SECTION 5 - CERTIFICATION

SECTION 5
PAGE 1 of 1

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Weyang Tao

5/21/19

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.