



NMSSID  
NMSS



SECTION 1  
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04/13/2021

## SECTION 2

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**447130 (Internal Control Number)**

[illegible][illegible][illegible][illegible][illegible]

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

YYYY

Unit (e.g. mCi)

mCi

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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## SECTION 2

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**447131 (Internal Control Number)**

[illegible][illegible][illegible][illegible][illegible]

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

DD

YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	100	
2			
3			
4			
5			
6			





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[illegible][illegible][illegible][illegible][illegible]

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YYYY

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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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:

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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:

					-				
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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]



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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.

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

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

4/21/21

**SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)**

**DATE**

**WARNING:** FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 18 U.S.C SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.



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**SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION**

**SECTION 6**  
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<b>NRC Device Key:</b>	Manufacturer License No:	
Manufacturer Name:		
Model Number:	Serial #:	Transfer Date:
Isotope:	Activity:	Unit:

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