



U.S. NUCLEAR REGULATORY COMMISSION

**OMB EXPIRATION DATE: 09/30/2022**

[illegible]



GL-705305-27  
11/15/2021



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: SICCAMA

[illegible]

First Name: RALPH

[illegible]

Middle Initial: R

8

**Business Telephone Number:** (417) 829-2572

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Extension:

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Business E-mail Address:

R	S	I	C	A	M	A	@	D	F	A	M	I	L	K	.	C	O	m
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Title: EHS COORDINATOR

[illegible]

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

Department:

[illegible]

Address Line 1: 800 WEST TAMPA STREET

[illegible]

Address Line 2:

[illegible]

City: SPRINGFIELD

[illegible]

State: MO

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Zip Code: 65802

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11/15/2021

## SECTION 2

PAGE 1 of 4

**524441 (Internal Control Number)**

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

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MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241 <div><div></div><div></div><div></div><div></div><div></div></div>	100 <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	<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>
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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>





11/15/2021

## SECTION 2

PAGE 2 of 4

**811502 (Internal Control Number)**

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

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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)
1	AM241	100	mCi
2			
3			
4			
5			
6			







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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2

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

PAGE 4 of 4

**NRC Device Key****843124 (Internal Control Number)**

Distributor/Distributed By: Industrial Dynamics Company, Ltd.

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Distributor License Number: 1586-70GL

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Manufacturer name: INDUSTRIAL DYNAMICS CO., LTD.

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Device Model (Not Source Model): FT-50

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Device Serial Number: 113442

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Transfer Date: 03/08/2016

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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)																				
1	AM241 <table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						100 <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													mCi <table><tr><td></td><td></td><td></td></tr></table>			
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6	<table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													<table><tr><td></td><td></td><td></td></tr></table>			





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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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YYYY

☐ Returned to Manufacturer (Complete Part 1 only)

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

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

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4				
3				
2				
1				

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

[illegible][illegible]

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[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>)

12/10/2021

**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.