

NRC FORM 653 <small>(11-2002) 10 CFR 32</small>	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0001 <small>Estimated burden per response to comply with this mandatory collection request: 24 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</small>	EXPIRES: 08/31/2002		
<h2 style="margin: 0;">TRANSFERS OF INDUSTRIAL DEVICES REPORT</h2> <p style="margin: 5px 0 0 40px;">(Continue on NRC Form 653A or NRC Form 653B, as appropriate)</p>					
NAME OF VENDOR <hr/> LICENSE NUMBER <hr/>		REPORTING PERIOD FROM TO <hr/> <hr/>			
For each "person" to whom a device(s) has been transferred during the reporting period, supply the following:					
INTERMEDIATE PERSON (if any)					
NAME OF INTERMEDIATE PERSON <hr/>	NAME OF RESPONSIBLE INDIVIDUAL <hr/>	TITLE OF RESPONSIBLE INDIVIDUAL <hr/>	TELEPHONE <hr/>		
GENERAL LICENSEE USER INFORMATION					
NAME OF GENERAL LICENSEE USER <hr/> DEPARTMENT <hr/> NAME OF RESPONSIBLE INDIVIDUAL <hr/> TITLE OF RESPONSIBLE INDIVIDUAL <hr/>		MAILING ADDRESS AT THE LOCATION OF USE <i>(No P.O. Boxes, include Zip Code)</i> <hr/> <hr/> <hr/>			
INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER <hr/>	TYPE OF DEVICE <hr/>	MODEL NUMBER <hr/>	SERIAL NUMBER <hr/>	ISOTOPE <hr/>	ACTIVITY AND UNITS <hr/>
INTERMEDIATE PERSON (if any)					
NAME OF INTERMEDIATE PERSON <hr/>	NAME OF RESPONSIBLE INDIVIDUAL <hr/>	TITLE OF RESPONSIBLE INDIVIDUAL <hr/>	TELEPHONE <hr/>		
GENERAL LICENSEE USER INFORMATION					
NAME OF GENERAL LICENSEE USER <hr/> DEPARTMENT <hr/> NAME OF RESPONSIBLE INDIVIDUAL <hr/> TITLE OF RESPONSIBLE INDIVIDUAL <hr/>		MAILING ADDRESS AT THE LOCATION OF USE <i>(No., P.O. Boxes, include Zip Code)</i> <hr/> <hr/> <hr/>			
INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER <hr/>	TYPE OF DEVICE <hr/>	MODEL NUMBER <hr/>	SERIAL NUMBER <hr/>	ISOTOPE <hr/>	ACTIVITY AND UNITS <hr/>

NRC FORM 653A (11-2000) 10 CFR 32	U.S. NUCLEAR REGULATORY COMMISSION			
TRANSFERS OF INDUSTRIAL DEVICES REPORT (Continuation)				
For each "person" to whom a device(s) has been received during the reporting period, supply the following:				
GENERAL LICENSEE USER INFORMATION				
NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)			
DEPARTMENT				
INFORMATION ON DEVICE(S) RECEIVED				
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
GENERAL LICENSEE USER INFORMATION				
NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)			
DEPARTMENT				
INFORMATION ON DEVICE(S) RECEIVED				
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
GENERAL LICENSEE USER INFORMATION				
NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)			
DEPARTMENT				
INFORMATION ON DEVICE(S) RECEIVED				
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
GENERAL LICENSEE USER INFORMATION				
NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)			
DEPARTMENT				
INFORMATION ON DEVICE(S) RECEIVED				
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

NRC FORM 653B (11-2000) 10 CFR 32		U.S. NUCLEAR REGULATORY COMMISSION					
TRANSFERS OF INDUSTRIAL DEVICES REPORT (Continuation)							
For each device for which required label information has been changed, supply the following:							
GENERAL LICENSEE USER INFORMATION							
NAME OF GENERAL LICENSEE USER				MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)			
DEPARTMENT							
INFORMATION ON DEVICE(S) RECEIVED							
TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER, IF CHANGED	PREVIOUS ISOTOPE	NEW ISOTOPE, IF CHANGED	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS, IF CHANGED
GENERAL LICENSEE USER INFORMATION							
NAME OF GENERAL LICENSEE USER				MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)			
DEPARTMENT							
INFORMATION ON DEVICE(S) RECEIVED							
TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER, IF CHANGED	PREVIOUS ISOTOPE	NEW ISOTOPE, IF CHANGED	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS, IF CHANGED
GENERAL LICENSEE USER INFORMATION							
NAME OF GENERAL LICENSEE USER				MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)			
DEPARTMENT							
INFORMATION ON DEVICE(S) RECEIVED							
TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER, IF CHANGED	PREVIOUS ISOTOPE	NEW ISOTOPE, IF CHANGED	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS, IF CHANGED
GENERAL LICENSEE USER INFORMATION							
NAME OF GENERAL LICENSEE USER				MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)			
DEPARTMENT							
INFORMATION ON DEVICE(S) RECEIVED							
TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER, IF CHANGED	PREVIOUS ISOTOPE	NEW ISOTOPE, IF CHANGED	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS, IF CHANGED