

NRC FORM 653
(8-2005)
10 CFR 32

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0001

EXPIRES: 08/31/2008

TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@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.

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

| | | |
|----------------|------------------|----|
| NAME OF VENDOR | REPORTING PERIOD | |
| | FROM | TO |
| LICENSE NUMBER | | |

INTERMEDIATE PERSON(S) (if any)

| | | | |
|--------------------------------|--------------------------------|---------------------------------|-----------|
| NAME OF INTERMEDIATE PERSON(S) | NAME OF RESPONSIBLE INDIVIDUAL | TITLE OF RESPONSIBLE INDIVIDUAL | TELEPHONE |
| NAME OF INTERMEDIATE PERSON(S) | NAME OF RESPONSIBLE INDIVIDUAL | TITLE OF RESPONSIBLE INDIVIDUAL | TELEPHONE |

GENERAL LICENSEE INFORMATION

| | | |
|---------------------------------|---|-----------|
| NAME OF GENERAL LICENSEE | MAILING ADDRESS AT THE LOCATION OF USE <i>(No P.O. Boxes, include Zip Code)</i> | |
| NAME OF RESPONSIBLE INDIVIDUAL | | TELEPHONE |
| TITLE OF RESPONSIBLE INDIVIDUAL | | |

INFORMATION ON DEVICE(S) TRANSFERRED

| DATE OF TRANSFER | TYPE OF DEVICE | MODEL NUMBER | SERIAL NUMBER | ISOTOPE | ACTIVITY AND UNITS |
|------------------|----------------|--------------|---------------|---------|--------------------|
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INTERMEDIATE PERSON(S) (if any)

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| NAME OF INTERMEDIATE PERSON | NAME OF RESPONSIBLE INDIVIDUAL | TITLE OF RESPONSIBLE INDIVIDUAL | TELEPHONE |
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TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES)

For each "licensee" from whom a device(s) has been received during the reporting period, supply the following:

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| | |
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| NAME OF GENERAL LICENSEE | MAILING ADDRESS AT THE LOCATION OF USE <i>(No P.O. Boxes, include Zip Code)</i> |
|--------------------------|---|

INFORMATION ON DEVICE(S) RECEIVED

| DATE OF RECEIPT | TYPE OF DEVICE | MODEL NUMBER | SERIAL NUMBER | MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY) |
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