

Tennessee Department of Environment and Conservation Division of Radiological Health Davy Crockett Tower, 9th Floor, 500 James Robertson Parkway Nashville, TN 37243

REGISTRATION OF CERTAIN GENERALLY LICENSED DEVICES (see back for instructions)

This form properly completed and filed with the State of Tennessee, Department of Environment and Conservation, constitutes the registration of Generally Licensed Devices requiring registration under "State Regulations for Protection Against Radiation" (SRPAR) 0400-20-10-.10(2)(c)13. Registration does not imply approval or disapproval of the use of the device(s) in any way.

1. Com	npany or Facility	y Name:										
2. Mailing Address:					3. Location Address:							
Street:					Street:							
Other					014							
City:					City:							
State:		Zip Code:	County	y:	State:			Zip Code: Cour		ity:		
4. Responsible Person:												
Phone Number: ()			Extension		on:	n: Fax Numbe			er: ()			
E-mail Address:												
5. Do You Possess a specific Tennessee Radioactive												
Material License?					Yes No	Yes No License #:						
6 Gan	orally liconsod	Device listing: (n	laasa co	nv and c	ontinue on	addi	tional nage	as needed)				
Item	Generally licensed Device listing: (please of the property of			Device Model			Device Serial No.		Isotope Activity			
110111	501.00	- Indirate of the second		B011001		501	100 0011411	1000	opo	7 totivity		
7. Certification: 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 the registration has been completed. c. I am aware of the requirements of the general license provided in SRPAR 0400-20-1009 or 0400-20-1010. 												
Responsible Person's Signature:								Date Signed:				