

OFFICE OF RADIOLOGICAL HEALTH
 Radioactive Materials Program

General Licensee Current Inventory

Please refer to the attached instructions. Verify the accuracy of the enclosed information. Make any necessary changes, additions or deletions, and return all pages in the enclosed envelope by the Due Date.

*Indicates required information.

Licensee/Registration Number

General License # GL5555

Name: John Doe Research Center

Facility/Licensee/Registration Name

RESPONSIBLE CONTACT INFORMATION

***Contact:** John Doe
***Title:** General Manager
***Address:** John Doe Research Center
 P.O. Box 555
 Lincoln, NE 68508-6214
***Phone #:** (555) 555-5555 **FAX#:** (555) 555-5555
E-Mail: johndoe@johndoe.com

BILLING INFORMATION

***Contact:** John Doe
***Address:** John Doe Research Center
 P.O. Box 555
 Lincoln, NE 68508-6214
Phone #: (555) 555-5555 **FAX#:** (555) 555-5555
E-Mail: johndoe@johndoe.com

***UNITED STATES CITIZENSHIP ATTESTATION FORM**

For the purpose of complying with Neb. Rev. Stat. . §§. 4-108 through 4-114, I attest as follows:

I am a citizen of the United States
 OR

I am a qualified alien under the the Federal Immigration and Nationality Act, my Immigration status and alien number are as follows: _____ and I am providing a copy of my USCIS documentation. I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

 Name (type or print first, middle, last)

 Signature

 Date

OR

It is not necessary to complete the Attestation part of this application if the application is for a corporation or other separate legal entity. Explain (e.g: This application is for a corporation, partnership, etc.):

***CERTIFICATION**

I hereby certify:

All information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge.

A physical inventory of the devices has been completed, and information on the devices has been checked against this inventory.

I am aware of the requirements of the general license, provided in 180 NAC 3-008.

X

 *Signature - Responsible Individual

 *Date

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General License Device(s)

*Our records indicate that you have these following general licensed radioactive material(s) for General License # GL0453. Verify this information against the information on the label of the unit, update the information as necessary, and add any additional units. * Indicates required information.*

ID

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Type of Device: Electron Capture Detector

Date Shipped: January 24 , 2002

***Device Location:** John Doe Research Center

***Manufacturer:** John Doe Research Center

Distributor: John Doe Research Center

***Model Number:** 140-BN

***Radionuclide Used:** Ni-63

***Serial Number:** N919

***Amount:** 5 mCi

Please check if not in possession of device. See "Instruction Sheet" for details.

Please direct all correspondence concerning this Inventory to:

Nebraska Department of Health and Human Services
Office of Radiological Health
P.O. Box 95026
301 Centennial Mall South
Lincoln, NE 68509-5026
(402) 471-0560