

Form NRH 653 Effective Date: November 28, 2016 Page ____of____

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DIVISION OF PUBLI			A DEPARTMENT OF H ACTIVE MATERIAL PRO		N SERVICES	U	
			ANSFERS OF INDUS tinue on Form NRH 653,				
NAME OF VENDOR		(0011			REPORTING PER	IOD	
				FROM		TO	
LICENSE NUMBER:							
For eac	ch "person" t	o whom a	devices(s) has been trans	sferred during the reporting	ng period, supply t	he following:	
			INTERMEDIATE	PERSON (if any)			
NAME OF INTERMEDIATE F	PERSON	NAME OF	RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL		TELEPHONE	
			GENERAL LICENSEE	USER INFORMATION			
NAME OF GENERAL LICEN	SEE USER			MAILING ADDRESS AT THE	MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)		
DEPARTMENT				-			
DEPARTMENT							
NAME OF RESPONSIBLE IN	IDIVIDUAL		TELEPHONE				
			-				
TITLE OF RESPONSIBLE IN	TITLE OF RESPONSIBLE INDIVIDUAL						
			INFORMATION ON DE	VICE(S) TRANSFERRED			
DATE OF TRANSFER	TYPE OF	DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS	
			INTERMEDIATE	PERSON (if any)	1		
NAME OF INTERMEDIATE F	PERSON	NAME OF	RESPONSIBLE INDIVIDUAL	INDIVIDIUAL TITLE OF RESPONSIBLE TELEPHONE			
			GENERAL LICENSE	USER INFORMATION			
NAME OF GENERAL LICEN	SEE USER			MAILING ADDRESS AT THE	LOCATION OF USE (No	. P.O. Boxes, include Zip Code)	
DEPARTMENT				-			
NAME OF RESPONSIBLE IN	NAME OF RESPONSIBLE INDIVIDUAL TELEPHONE						
TITLE OF RESPONSIBLE IN	DIVIDUAL						
INFORMATION ON DEVICE(S) TRANSFERRED							
DATE OF TRANSFER	TYPE OF	DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS	

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	NE	BRASKA	A DEPARTMENT OF H	HEALTH AND HUMAN	<u>NSERVICES</u>				
DIVISION OF PUBLIC HEALTH – RADIOACTIVE MATERIAL PROGRAM									
TRANSFERS OF INDUSTRIAL DEVICES REPORT									
(TO GENERAL LICENSEES)									
INTERMEDIATE PERSON (if any)									
NAME OF INTERMEDIATE P	ERSON	NAME OF	RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL TELEPHONE					
NAME OF INTERMEDIATE P			RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL TELEPHONE					
NAME OF INTERMEDIATE F	EKSON	NAME OF	RESPONSIBLE INDIVIDUAL	THE OF RESPONSIBLE INDIVIDUAL		TELEFHONE			
		L	GENERAL LICENSEE	USER INFORMATION					
NAME OF GENERAL LICENS	SEE USER			MAILING ADDRESS AT THE L	OCATION OF USE (No. P.O.	Boxes, include Zip Code)			
DEPARTMENT				-					
DEFARTMENT									
NAME OF RESPONSIBLE IN	DIVIDUAL		TELEPHONE	-					
TITLE OF RESPONSIBLE IN	DIVIDUAL								
			INFORMATION ON DEV	/ICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF [DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS			
INTERMEDIATE NAME OF INTERMEDIATE PERSON NAME OF RESPONSIBLE INDIVIDUAL				INDIVIDIUAL TITLE OF RESPONSIBLE TELEPHONE					
GENERAL LICENSE USER INFORMATION									
NAME OF GENERAL LICENSEE USER				MAILING ADDRESS AT THE L	OCATION OF USE (No. P.O.	Boxes, include Zip Code)			
DEPARTMENT									
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 & UNITS			