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STATE OF FLORIDA - DEPARTMENT OF HEALTH - BUREAU OF RADIATION CONTROL Transfers of Industrial Devices Report 04/2007 64E-5.210(4)

TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

Department of Health Bureau of Radiation Control 4052 Bald Cypress Way - Bin #C21 Tallahassee Florida 32399-1741

(Also use below "FROM GENERAL LICENSES or LABEL CHANGES", as appropriate)

			e(a) has been transfer		orting posted :	arinale d	oo following.
For each "IIC	censee" to who	om a devic	e(s) has been transfer	red during the rep	REPORTING F		ne rollowing:
NAME OF VENDOR			FROM	REFURINGE	EKIOD	ТО	
LICENSE NUMBER							
			INTERMEDIATE PER	SON(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			PONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE IND	TELEPHONE		
			GENERAL LICENSEE	INFORMATION			
NAME OF GENERAL LICENSE	E			MAILING ADDRESS AT THE I	LOCATION OF USE (No	P.O. Boxes	s, include Zip Code)
NAME OF RESPONSIBLE IND	IVIDUAL		TELEPHONE				
TITLE OF RESPONSIBLE INDI	VIDUAL						
			INFORMATION ON DEVIC	E(S) TRANSFERRED			
DATE OF TRANSFER	TYPE OF DEVICE		MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACT	TIVITY AND UNITS
			INTERMEDIATE PER	SON(S) (if any)			
NAME OF INTERMEDIATE PER	RSON	NAME OF RESI	PONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL TELEPHONE			TELEPHONE
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		•	GENERAL LICENSEE	INFORMATION			
NAME OF GENERAL LICENSE	Έ			MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code)			
NAME OF RESPONSIBLE INDIVIDUAL TELEPHO			TELEPHONE				
TITLE OF RESPONSIBLE INDI	VIDUAL						
			INFORMATION ON DEVIC	E(S) TRANSFERRED			
DATE OF TRANSFER	TYPE OF DI	EVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	AC ⁻	TIVITY AND UNITS

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TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

			INTERMEDIATE PE	ERSON(S) (if any)				
NAME OF INTERMEDIATE PERSON(S) NAME OF RESPO		SPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL			TELEPHONE		
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	·		GENERAL LICENSE	<u> </u>				
NAME OF GENERAL LICENSE	IAME OF GENERAL LICENSEE			MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)				
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			INFORMATION ON DEVI	ICE(S) TRANSFERRED				
DATE OF TRANSFER	TYPE OF DI	EVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACT	FIVITY AND UNITS	
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DATE OF TRANSFER	TYPE OF DI	EVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACT	FIVITY AND UNITS	
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			INTERMEDIATE PE	ERSON(S) (if any)				
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	·		GENERAL LICENSE	<u> </u>				
NAME OF GENERAL LICENSE	IAME OF GENERAL LICENSEE			MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)				
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			INFORMATION ON DEVI	ICE(S) TRANSFERRED				
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			INFORMATION ON DEVI	ICE(S) TRANSFERRED				
DATE OF TRANSFER	TYPE OF DI	EVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACT	FIVITY AND UNITS	
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