

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)

**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 (No P.O. Boxes, include Zip Code)		
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

INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION

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NAME OF RESPONSIBLE INDIVIDUAL	TELEPHONE		
TITLE OF RESPONSIBLE INDIVIDUAL			

INFORMATION ON DEVICE(S) TRANSFERRED

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STATE OF FLORIDA - DEPARTMENT OF HEALTH - BUREAU OF RADIATION CONTROL  
 Transfers of Industrial Devices Report 04/2007 Continued  
 64E-6.210(4)

## TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

### 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	
TITLE OF RESPONSIBLE INDIVIDUAL	
TELEPHONE	

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TITLE OF RESPONSIBLE INDIVIDUAL	
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**STATE OF FLORIDA - DEPARTMENT OF HEALTH - BUREAU OF RADIATION CONTROL**

Transfers of Industrial Devices Report 04/2007 Continued

64E-5.210(4)

**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:**

**GENERAL LICENSEE INFORMATION**

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

**INFORMATION ON DEVICE(S) RECEIVED**

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

**GENERAL LICENSEE INFORMATION**

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

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