



RHODE ISLAND RADIATION CONTROL AGENCY
REGISTRATION OF DEVICES POSSESSED UNDER THE
GENERAL LICENSE ISSUED IN IN 216-RICR-40-20-7.7.1

Agency Form GEN-4 Continuation Sheet – New Devices

8. NEW DEVICE INFORMATION:

Distributor Name: _____

Distributor License Number (if known): _____

Manufacturer: _____ Device Model Number: _____

Device Serial Number: _____

How was device acquired? _____ Date Acquired (MM/DD/YYYY): _____

- Manufacturer/Distributor listed above Other General Licensee Other Source (Specify below)

ISOTOPE	_____	ACTIVITY	_____	UNIT	_____
ISOTOPE	_____	ACTIVITY	_____	UNIT	_____
ISOTOPE	_____	ACTIVITY	_____	UNIT	_____
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ISOTOPE	_____	ACTIVITY	_____	UNIT	_____