



GL-35657-18
 04/07/2014
NRC FORM 664
 02 - 2004
 10 CFR 31.5

SECTION 1
 PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198 <small>Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000). Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</small>	EXPIRES: 03/31/2010
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Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.

General License **SECTION 1 - GENERAL LICENSEE INFORMATION**

Registration Number

GL-35657-18

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Company Name: MICHIGAN BARK

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Department:

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Address Line 1: 3800 M-30 HIGHWAY

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Address Line 2:

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City: WEST BRANCH

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State: MI

Zip Code: 48661 -

For NRC Use Only
 (Do not write here)

Category:

Packet Receipt Date (MMDDYYYY):

--	--	--	--	--	--	--	--	--	--	--	--

Accession Number:

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SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

Last Name: COLLINS

ZAPCZYNSKI

First Name: TRAVIS

Middle Initial:

EUGENE

Telephone: (989) 312-0076

Extension:

989 343 0066

Title: MANAGER

PRESIDENT

Enter the mailing address where correspondence regarding your device(s) should be sent.
This address should be specific to the use or storage location of your device(s).

Department:

Address Line 1: 460 SOUTH VALLEY STREET

3800 S-m-30

Address Line 2:

City: WEST BRANCH

State: MI

Zip Code: 48661 -





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary.

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NRC Device Key 292433 (Internal Control Number)

Distributor/Distributed By: Asoma Instruments, Inc.

[Empty 14-digit grid box]

Distributor License Number: 6-2788G

[Empty 12-digit grid box]

Manufacturer Name: ASOMA INSTRUMENTS, INC.

[Empty 21-digit grid box]

Device Model (Not Source Model): 200

[Empty 18-digit grid box]

Device Serial Number: 4631

[Empty 25-digit grid box]

Transfer Date (Receipt Date): 08/15/1995

[Empty date grid boxes: MM, DD, YYYY]

MM DD YYYY

Not in possession of device (Also complete Section 4.)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CM244 [5-digit grid]	13.00000000 [13-digit grid]	mCi [3-digit grid]
2	[5-digit grid]	[13-digit grid]	[3-digit grid]
3	[5-digit grid]	[13-digit grid]	[3-digit grid]
4	[5-digit grid]	[13-digit grid]	[3-digit grid]
5	[5-digit grid]	[13-digit grid]	[3-digit grid]
6	[5-digit grid]	[13-digit grid]	[3-digit grid]





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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

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Initial Transferor Name

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Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

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Device Serial Number

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How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

Manufacturer/Initial Transferor listed above
 Other General Licensee
 Other Source

Date Transferred: (Received)

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MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																			
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SECTION 5 - CERTIFICATION

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I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in 10 CFR 31.5.
(Copies of applicable regulations may be viewed at the NRC website at:
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

Eugene Zapyraski

4-30-14

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

WARNING: FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.





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SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: