



GL-651002-19  
 04/06/2015  
 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** **EXPIRES: 03/31/2010**  
 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-5F52), 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.

**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-651002-19

**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: KEN MAC METALS

K E N   M A C   M E T A L S

Department: SLITTING

S L I T T I N G

Address Line 1: TWO THYSSEN PARK

T W O   T H Y S S E N   P A R K

Address Line 2:

City: DETROIT

D E T R O I T

State: MI M I

Zip Code: 48210 - 4 8 2 1 0 - 1 4 9 0

<p><b>For NRC Use Only</b>          (Do not write here)</p>	<p><b>Category:</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span></p> <p><b>Packet Receipt Date (MMDDYYYY):</b></p> <p style="text-align: center;"><span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span></p> <p><b>Accession Number:</b></p> <p style="text-align: center;"><span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span></p>
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GL-651002-19  
04/06/2015

SECTION 1  
PAGE 2 of 2

**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: BACHUWA

BACHUWA

First Name: THOMAS

THOMAS

Middle Initial: A

A

Telephone: (313) 361-6870

313 361 6870

Extension: 6985

6985

Title: MANAGER PLANT OPERATION

MANAGER PLANT OPERATION

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: PRODUCTION

PRODUCTION

Address Line 1: TWO THYSSEN PLACE

TWO THYSSEN PLACE

Address Line 2:

City: DETROIT

DETROIT

State: MI

MI

Zip Code: 48210 -

48210

- 1490





GL-651002-19

04/06/2015

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 1 of 2

NRC Device Key 591360 (Internal Control Number)

Distributor/Distributed By: E.S.C. Resources, Inc.

E.S.C. RESOURCES, INC.

Distributor License Number: IL-01283-01

IL-01283-01

Manufacturer Name: E.S.C. RESOURCES, INC.

E.S.C. RESOURCES, INC.

Device Model (Not Source Model): SH-6000

SH-6000

Device Serial Number: 970817

970817

Transfer Date (Receipt Date): 08/15/1997

08 15 1997

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	AM241 AM241	1000.000000000 1000.000000000	mCi mCi
2			
3			
4			
5			
6			





GL-651002-19

04/06/2015

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 2 of 2

NRC Device Key 591363 (Internal Control Number)

Distributor/Distributed By: E.S.C. Resources, Inc.

E.S.C. RESOURCES, INC.

Distributor License Number: IL-01283-01

IL-01283-01

Manufacturer Name: E.S.C. RESOURCES, INC.

E.S.C. RESOURCES, INC.

Device Model (Not Source Model): SH-6090

SH-6090

Device Serial Number: 970815

970815

Transfer Date (Receipt Date): 08/15/1997

08 15 1997

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	SR90 SR90	100.00000000 100.00000000	mCi mCi
2			
3			
4			
5			
6			





GL-651002-19

04/06/2015

SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 1

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

Manufacturer Name

[Grid for Manufacturer Name]

Initial Transferor Name

[Grid for Initial Transferor Name]

Initial Transferor License Number (if known)

[Grid for Initial Transferor License Number]

Device Model Number (Not Source Model)

[Grid for Device Model Number]

Device Serial Number

[Grid for Device Serial Number]

How acquired and date (e.g., from a distributor/manufactur

er, other licensee, other source)?

Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred:

[MM]

[DD]

[YYYY]

(Received)

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1.	[Grid]
2.	[Grid]
3.	[Grid]
4.	[Grid]
5.	[Grid]
6.	[Grid]
7.	[Grid]
8.	[Grid]
9.	[Grid]
10.	[Grid]

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GL-651002-19  
04/06/2015

**SECTION 4 - NOT IN POSSESSION OF DEVICE**

**SECTION 4**  
**PAGE 1 of 1**

**Provide information about devices listed in Section 2 or 6, but no longer in your possession.**

**Part 1**

Transfer Date:

NRC Device Key:  
(from Section 2 or 6)

Transfer Date grid: MM DD YYYY

MM DD YYYY

Location of the Device:

- Whereabouts Unknown (complete Part 1 only)
- Never Possessed the Device (complete Part 1 only)
- Returned to Manufacturer (complete Part 1 only)
- Transferred to another general licensee (complete Parts 2 and 3)
- Transferred to a Specific Licensee (Not the manufacturer) (complete Part 2)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

License Number grid

Company Name:

Company Name grid

Department:

Department grid

Address Line 1:

Address Line 1 grid

Address Line 2:

Address Line 2 grid

City:

City grid

State: Zip Code:

**Part 3** Enter the name of the individual responsible for this device:

Last Name:

Last Name grid

First Name:

Middle Initial:

First Name grid

Middle Initial grid

Telephone Number:

Extension:

Telephone Number and Extension grids

Title:

Title grid





GL-651002-19  
04/06/2015

**SECTION 5 - CERTIFICATION**

**SECTION 5**  
**PAGE 1 of 1**

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>)

*[Handwritten Signature]*

*5-10-15*

**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.





GL-651002-19  
04/06/2015

**SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

PAGE 1 of 1

<b>NRC Device Key:</b>	Manufacturer License No:
Manufacturer Name:	
Model Number:	Serial #:
	Transfer Date: