



SECTION 1

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U.S. NUCLEAR REGULATORY COMMISSION

02 - 2004 10 CFR 31.5

GL-726572-19 04/07/2015

NRC FORM 664

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 FOIAPrivacy 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 20505. It 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-726572-19

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: ARMOR EXPRESS

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Address Line 2:				-			-		
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City: CENTRA	AL LAKE				14 N	· · .		_	
State: MI	Zip Code:	49622 -				-]	
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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: VERELLAN	
BACON	
First Name: DANI	Middle Initial:
ENDS	
Telephone: (231) 544-4361	Extension:
2315444387	
Title: CURRENT SAFETY OFFICER	
PLANT MANAGER	
14	
Enter the mailing address where correspondence regarding y This address should be specific to the use or storage locatio Department:	
ADMINISTRATION	
Address Line 1: 7915 CAMERON ST	· · · · · · · · · · · · · · · · · · ·
Address Line 2:	
PO BOX 516	
City: CENTRAL LAKE	
State: MI Zip Code: 49622 -	-





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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 828578 (Internal Control Number)	
Distributor/Distributed By: ADAPTIVE TECHNOLOGIES INDUSTRIES	
Distributor License Number: 4340-1	
Manufacturer Name: ADAPTIVE TECHNOLOGIES INDUSTRIES	
Device Model (Not Source Model): AT-100S	
Device Serial Number: 30191	!!
0301911	
Transfer Date (Receipt Date): 04/02/2013	
Not in possession	of device (Also 4.)
MM DD YYYY	
Isotope (e.g. AM241) Activity (e.g. 100)	Unit (e.g. mCi)
1 SR90 0.50000000	mCi
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3	F1
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Unit (e.g. mCi)

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SECTION 4 - NOT IN POSSESSION OF DEVICE

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

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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)

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6-3-2015

DATE

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

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

Manufacturer License No:

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NRC Device Key: Manufacturer Name:

Serial #:

Transfer Date:

Model Number: