



NRC FORM 664

07 - 2015 10 CFR 31.5

### **GENERAL LICENSEE REGISTRATION**

#### APPROVED BY OMB: NO. 3150-0198

EXPIRES: 04/30/2016

**SECTION 1** 

PAGE 1 of 2

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 FOIA, Privacy, and Information Collections Branch (T-5 F53), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0198), 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.

SECTION 1 - GENERAL LICENSEE INFORMATION

General License Registration Number GL-700148-20

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: HORIZON STEEL CO.

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Dep	artm	ent:	<b>.</b>	<b>.</b>							•	 L	•						
Address Line 1: 50390 UTICA DRIVE																			
Add	ress	Line	2:											_			_		
City	:		•	UTIC	CA	•				<u> </u>				 			<u>.</u>	-	
State	e: N	11			]		Zip C	Code	: 48	315	-					] -			
For NRC Use Only (Do not write here) Packet Receipt Date (MMDDYYYY):																			
														 ion I	Num				





**U.S. NUCLEAR REGULATORY COMMISSION** 



Zip Code: 48315 -



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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).

	SMIT	Н																		_
First Name:	MIC	HAEI	-									Middle Initial: L								
Telephone: (586) 532-2135											E	xtens	sion:	41	38					
Title: PLANT SUPERINTENDENT																				
Enter the r																	d be	e ser	ıt.	
Enter the r This addre Department	ess sh																d be	e ser	ot.	[]
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This addre	ess sho	5039	<b>be</b> s	spec	ific t	o the												e ser	) <b>11</b>	

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State: MI

GL-700148-20 10/30/2015 Our records indicate that y	SECTIO		ES SUBJEC		ISTRATION							
NRC Device Key 595568 (Internal Control Number)												
Distributor/Distributed By:	ADVANCE	D GAUGING T	ECHNOLOGIE	ES, LLC								
Distributor License Number:	34-32021-0	)1										
Manufacturer Name: ADVANC	CED GAUGIN	IG TECHNOLO	OGIES, LLC									
Device Model (Not Source Mo	odel): AGT40	0										
Device Serial Number: 1917				_ <u>l</u> _								
Transfer Date (Receipt Date): 06/30/2000												
					Not in possessi complete Sectio	on of device (Also on 4.)						
	YYY	ctivity (e.g. 10	0)		Not in possessi complete Sectio	on of device (Also on 4.) Unit (e.g. mCi)						
MM DD Y Isotope (e.g. AM241) 1 AM241	YYY A	ctivity (e.g. 10 .000000000	0)		Not in possessi complete Sectio	on 4.)						
MM     DD     Y       Isotope (e.g. AM241)       1     AM241       2	YYY A		0)		Not in possessi complete Sectio	Unit (e.g. mCi)						
MM     DD     Y       Isotope (e.g. AM241)       1     AM241       2       3	YYY A		0)		Not in possessi complete Sectio	Unit (e.g. mCi)						
MM       DD       YY         Isotope (e.g. AM241)       1         1       AM241         2	YYY A		0)		Not in possessi complete Sectio	Unit (e.g. mCi)						
MM     DD     Y       Isotope (e.g. AM241)       1     AM241       2       3	YYY A		0)		Not in possessi complete Sectio	Unit (e.g. mCi)						

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**SECTION 3** 

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### **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.

Mar	ufac	turer	Nan	ne	,											• • <del>•</del> • •		<b>,</b>								
Initia	nitial Transferor Name																									
Initia	al Tra	ansfe	ror L	icen	se N	umbe	er (if	knov	wn)						•					•	•		•	•	•	
Dev	Device Model Number (Not Source Model)																									
Dev	ice S	erial	Num	nber	• • •										L J		•	*	<b>.</b> .			4		1	L	۱
										-																
How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?								<ul> <li>Manufacturer/Initial Transfe</li> <li>Other General Licensee</li> <li>Other Source</li> </ul>							Date Transferred:											
		leoto	pe (e		1802	11)	$\bigcirc$	Jule		Activ	ity (c		00)	(Re	ceive	ed)			MM		DD	)			ΥY (a.a	mCi
1.	ĺ		pe (	y. /	11124	+ 1)	]					y.	(00)				[	-				7		Unit	(e.g.	mCi)
		L 					] 1				L		 						 	r	  ''''	} 1			i r	
2.																						]				
3.																										
4.																						]				
5.																						]				
6.							 																			
7.																						]				
8.																			1			]				
9.																										
10.																						]				



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

SECT	10	ΟN	4
PAGE	1	of	1

Provide information about devices listed in Section 2 or 6	ა, but no longer in your possession.
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Part 1	-	Transfer Date:		
NRC Device Key:				
(from Section 2 or 6)		MM DD	YYYY	
Location of the Device:				
O Whereabouts Unknown (complete Part	••		er general licensee (complete P	
O Never Possessed the Device (complete			cific Licensee (Not the manufac	turer)
O Returned to Manufacturer (complete P		complete Part 2)		
Part 2 License Number of Recipient (if transf	erred to a specific	licensee):		
Company Name:	······································			
Department:	₩• I J <u>• I</u>	I I II-		<u> </u>
Address Line 1:				<u> </u>
Address Line 2:	┦╤┃,╹,╹,╹			
City:	<u> </u>			1 1 1
State: Zip Code:	-			
Part 3 Enter the name of the indiv	idual responsible	o for this device:		
Last Name:	-			
First Name:				
			Middle Initial:	
Telephone Number:			xtension:	
Title:	L			





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### **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)

11-30-15

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.





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### SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

**SECTION 6** 

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: