



GL-718360-20  
 01/07/2016  
 NRC FORM 664  
 07 - 2015  
 10 CFR 31.5

SECTION 1  
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U.S. NUCLEAR REGULATORY COMMISSION

**GENERAL LICENSEE REGISTRATION**

APPROVED BY OMB: NO. 3150-0198

EXPIRES: 04/30/2016

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.**

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

**Registration Number**  
 GL-718360-20

**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: REGAL STEEL CO.

R E S A L   S T E E L   C O

Department:

Address Line 1: 2220 MORRISSEY

2 2 2 0   M O R R I S S E Y

Address Line 2:

City: WARREN

W A R R E N

State: MI

Zip Code: 48091 -      -

<b>For NRC Use Only</b> <i>(Do not write here)</i>	<b>Category:</b> <input type="text"/>
	<b>Packet Receipt Date (MMDDYYYY):</b> <input type="text"/>
	<b>Accession Number:</b> <input type="text"/>





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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: CARSON

C A R S O N

First Name: BILL

Middle Initial: P

B I L L

P

Telephone: (586) 756-8300

Extension:

5 8 6 7 5 6 8 3 0 0

1 1 1

Title: FOREMAN

F O R E M A N

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: 2220 MORRISSEY

2 2 2 2 M O R R I S S E Y

Address Line 1: 2220 MORRISSEY AVENUE

Address Line 2:

City: WARREN

W A R R E N

State: MI

M I

Zip Code: 48091 -

4 8 0 9 1 -





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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 428413 (Internal Control Number)

Distributor/Distributed By: LOCKHEED MARTIN

L O C K H E E D M A R T I N

Distributor License Number: 37-16268-02G

3 7 - 1 6 2 6 8 - 0 2 G

Manufacturer Name: LOCKHEED MARTIN

L O C K H E E D M A R T I N

Device Model (Not Source Model): 5310

5 3 1 0

Device Serial Number: 4530LX

4 5 3 0 L X

Transfer Date (Receipt Date): 04/18/2005

0 4 1 8 2 0 0 5

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 A M 2 4 1	1000.00000000 1 0 0 0 . 0 0 0 0 0 0 0 0 0 0	mCi m C i
2			
3			
4			
5			
6			





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

**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)

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):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:   Zip Code:     -

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

Last Name:

First Name:

Middle Initial:

Telephone Number:         Extension:

Title:







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**SECTION 5 - CERTIFICATION**

**SECTION 5**  
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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>)

Bill Carson

2-29-2016

**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: