



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: MURRAY

[Grid for last name]

First Name: CHARLES

[Grid for first name]

Middle Initial: A

[Grid for middle initial]

Telephone: (616) 294-5052

[Grid for telephone number]

Extension:

[Grid for extension]

Title: PLANT MANAGER

[Grid for title]

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:

[Grid for department]

Address Line 1: 777 BROOKS AVENUE

[Grid for address line 1]

Address Line 2:

[Grid for address line 2]

City: HOLLAND

[Grid for city]

State: MI

[Grid for state]

Zip Code: 49423 -

[Grid for zip code]

[Grid for zip code]





GL-704495-21

11/08/2016

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 1

NRC Device Key 681689 (Internal Control Number)

Distributor/Distributed By: Industrial Dynamics Co., LTD.

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

Distributor License Number: 1586-70GL

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

Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

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

Device Model (Not Source Model): FT-50-C

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

Device Serial Number: 112243

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

Transfer Date (Receipt Date): 02/15/1993

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

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																			
1	AM241 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						100.00000000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td></tr></table>			
3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td></tr></table>			
4	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td></tr></table>			
5	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td></tr></table>			
6	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td></tr></table>			





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

Manufacturer Name grid

Initial Transferor Name

Initial Transferor Name grid

Initial Transferor License Number (if known)

Initial Transferor License Number grid

Device Model Number (Not Source Model)

Device Model Number grid

Device Serial Number

Device Serial Number grid

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)

Date Transferred MM DD YYYY grid

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

Isotope grid 1

Activity grid 1

Unit grid 1

Isotope grid 2

Activity grid 2

Unit grid 2

Isotope grid 3

Activity grid 3

Unit grid 3

Isotope grid 4

Activity grid 4

Unit grid 4

Isotope grid 5

Activity grid 5

Unit grid 5

Isotope grid 6

Activity grid 6

Unit grid 6

Isotope grid 7

Activity grid 7

Unit grid 7

Isotope grid 8

Activity grid 8

Unit grid 8

Isotope grid 9

Activity grid 9

Unit grid 9

Isotope grid 10

Activity grid 10

Unit grid 10





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

NRC Device Key:
 (from Section 2 or 6)

Transfer Date:
 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:





GL-704495-21
11/08/2016

SECTION 5 - CERTIFICATION

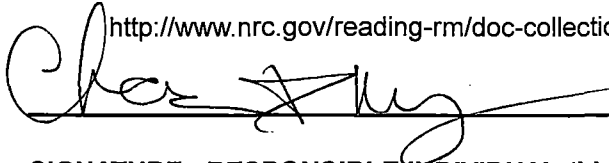
SECTION 5
PAGE 1 of 1

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>)



Dec 13, 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.





GL-704495-21
11/08/2016

SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: