



March 6, 2017

Attn: GLTS
Director, Office of Nuclear Material Safety
And Safeguards
U.S. Nuclear Regulatory Commission
Washington DC 20555-0001

Ref: **Annual General License Registration Documentation for Knauf Insulation, Inc.
Albion MI GL-722507-21**

To Whom It May Concern:

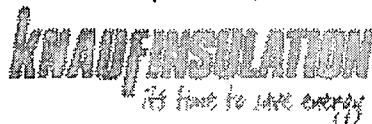
Enclosed is the General License Registration documentation for Knauf Insulation, Inc. at Albion MI, 49224. I have not yet received an invoice for the annual General License Registration fee. Upon receipt of an invoice, I will forward it for payment.

If you need any additional information, or have any questions, please contact me at 517-630-2072.

Kind Regards,

A handwritten signature in black ink that reads "Don Adams".

Don Adams
Technical Specialist, HSE



1000 E. North Street | Albion MI 49224 | USA
T: 517.630.2072 | M: 317.421.9411 | F: 517-630-2009

Before printing, please think about the environment!



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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: ADAMS

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First Name: DON

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Middle Initial: L

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Telephone: (517) 630-2072

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Extension:

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Title: TECHNICAL SPECIALIST

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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: ENVIRONMENTAL DEPT.

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Address Line 1: 1000 EAST NORTH STREET

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Address Line 2:

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City: ALBION

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State: MI

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Zip Code: 49224 -

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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.

PAGE 1 of 1

NRC Device Key 775899 (Internal Control Number)

Distributor/Distributed By: OHMART/VEGA CORPORATION

Grid for distributor information

Distributor License Number: 34-00639-03G

Grid for distributor license number

Manufacturer Name: OHMART/VEGA CORPORATION

Grid for manufacturer name

Device Model (Not Source Model): BAL

Grid for device model

Device Serial Number: AM392

Grid for device serial number

Transfer Date (Receipt Date): 05/15/1984

Grid for transfer date

MM DD YYYY

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

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1 contains AM241, 1000.00000000, and mCi.





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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

Empty grid box for Manufacturer Name

Initial Transferor Name

Empty grid box for Initial Transferor Name

Initial Transferor License Number (if known)

Empty grid box for Initial Transferor License Number

Device Model Number (Not Source Model)

Empty grid box for Device Model Number

Device Serial Number

Empty grid box for Device Serial Number

How acquired and date (e.g., from a distributor/manufacture, other licensee, other source)?

Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred:

MM DD YYYY grid box for Date Transferred

MM

DD

YYYY

(Received)

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. Isotope grid box

1. Activity grid box

1. Unit grid box

2. Isotope grid box

2. Activity grid box

2. Unit grid box

3. Isotope grid box

3. Activity grid box

3. Unit grid box

4. Isotope grid box

4. Activity grid box

4. Unit grid box

5. Isotope grid box

5. Activity grid box

5. Unit grid box

6. Isotope grid box

6. Activity grid box

6. Unit grid box

7. Isotope grid box

7. Activity grid box

7. Unit grid box

8. Isotope grid box

8. Activity grid box

8. Unit grid box

9. Isotope grid box

9. Activity grid box

9. Unit grid box

10. Isotope grid box

10. Activity grid box

10. Unit grid box





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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>)

Don L Adams

March 2, 2017

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: