

GLTS



GL-35657-23  
04/09/2018  
NRC FORM 664  
(01 - 2018)  
10 CFR 31.5

SECTION 1  
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

### GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 02/28/2019

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 Information Services Branch (T-2 F43), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [Infocollects.Resource@nrc.gov](mailto: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-35657-23

Enter the company name and street address for the physical location of use for the device(s). For portable devices, specify the primary storage location. Do not use P. O. Boxes.

Company Name: WEST BRANCH WOOD TREATING INC

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Department:

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Address Line 1: 3800 SOUTH M-30

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Address Line 2:

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City: WEST BRANCH

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State: MI 

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Zip Code: 48661 - 

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<b>For NRC Use Only</b> <i>(Do not write here)</i>	Category:	<table border="1"><tr><td></td><td></td></tr></table>									
	Packet Receipt Date (MMDDYYYY):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
Accession Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										





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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: ZAPCZYNSKI

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First Name: EUGENE

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Middle Initial:

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Business Telephone Number: (989) 343-0066

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Extension:

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Title: CURRENT SAFETY OFFICER

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**Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the physical location where the devices are used and/or stored.**

Department:

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Address Line 1: 3800 SOUTH M-30

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Address Line 2:

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City: WEST BRANCH

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State: MI

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Zip Code: 48661 -

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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 292433 (Internal Control Number)**

Distributor/Distributed By: Asoma Instruments, Inc.

Empty grid box for distributor information.

Distributor License Number: 6-2788G

Empty grid box for distributor license number.

Manufacturer Name: ASOMA INSTRUMENTS, INC.

Empty grid box for manufacturer name.

Device Model (Not Source Model): 200

Empty grid box for device model.

Device Serial Number: 4631

Empty grid box for device serial number.

Transfer Date: 08/15/1995

Empty grid box for transfer date.

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	CM244 [ ][ ][ ][ ][ ][ ]	13.000000000 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	mCi [ ][ ][ ]
2	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]
3	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]
4	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]
5	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]
6	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]









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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>)

*Eugene Zepczynski*

*4-24-18*  
*4-24-18*

**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 Name:  
Model Number:

Manufacturer License No:

Serial #:

Transfer Date: