





GL-653859-23  
04/10/2018

### 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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Business Telephone Number: (517) 630-2072

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Extension:

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Title: TECH. SPECIALIST HSE

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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: ENVIRONMENTAL DEPT

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Address Line 1: 1000 EAST NORTH STREET

4	8	1	2	T	A	B	L	E	R	S	T	A	T	I	O	N	R	D.	
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Address Line 2:

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City: ALBION

I	N	W	O	O	D														
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State: MI

W	V
---	---

Zip Code: 49224 -

2	5	4	2	8	-														
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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 2

NRC Device Key 564574 (Internal Control Number)

Distributor/Distributed By: HONEYWELL INTERNATIONAL, INC.

[Empty grid box]

Distributor License Number: 1856-43 GL

[Empty grid box]

Manufacturer Name: HONEYWELL INTERNATIONAL, INC.

[Empty grid box]

Device Model (Not Source Model): BAL

[Empty grid box]

Device Serial Number: 1990LQ

[Empty grid box]

Transfer Date: 05/15/1998

[Empty grid box]

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 [Empty grid]	1000.00000000 [Empty grid]	mCi [Empty grid]
2	[Empty grid]	[Empty grid]	[Empty grid]
3	[Empty grid]	[Empty grid]	[Empty grid]
4	[Empty grid]	[Empty grid]	[Empty grid]
5	[Empty grid]	[Empty grid]	[Empty grid]
6	[Empty grid]	[Empty grid]	[Empty grid]





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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 2 of 2**

**NRC Device Key**                      **845464**         (**Internal Control Number**)

**Distributor/Distributed By:**         **BERTHOLD TECHNOLOGIES U.S.A., LLC**

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**Distributor License Number:**     **R-01082-B23**

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**Manufacturer Name:** **BERTHOLD TECHNOLOGIES USA, INC**

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**Device Model (Not Source Model):** **LB 7442-F-CR**

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**Device Serial Number:** **37627-11173**

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**Transfer Date:**    **06/26/2017**

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

**MM                      DD                      YYYY**

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. 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

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Initial Transferor Name

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

Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

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Device Serial Number

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

How acquired and date (e.g., from a distributor/manufactur<sup>er</sup>, other licensee, other source)?

Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred:

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

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					







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### SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

PAGE 1 of 1

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:

Business Telephone Number:

Extension:

Title:





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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>)

Don L Adams

MAY 10, 2018

**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**

PAGE 1 of 1

**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: