









GL-713051-24  
01/23/2019

SECTION 3

PAGE 1 of 1

### 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

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Initial Transferor Name

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Initial Transferor License Number (if known)

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

Device Model Number (Not Source Model)

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

Device Serial Number

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

- Manufacturer/Initial Transferor listed above  
 Other General Licensee  
 Other Sources

Date Transferred:

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

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

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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)

6 8 1 4 4 6

Transfer Date:

1 0 0 3 2 0 1 8

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):

[Empty grid for License Number of Recipient]

Company Name:

[Empty grid for Company Name]

Department:

[Empty grid for Department]

Address Line 1:

[Empty grid for Address Line 1]

Address Line 2:

[Empty grid for Address Line 2]

City:

[Empty grid for City]

State:

[Empty box for State]

Zip Code:

[Empty box for Zip Code]

Part 3

Enter the name of the individual responsible for this device:

Last name:

[Empty grid for Last name]

First name:

[Empty grid for First name]

Middle Initial:

[Empty box for Middle Initial]

Business Telephone Number:

[Empty grid for Business Telephone Number]

Extension:

[Empty grid for Extension]

Title:

[Empty grid for 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.

(Copied of applicable regulations may be viewed at the NRC website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr> .

*Jay Joubert*

*3/14/19*

**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. 10 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 - DEVICE NOT SUBJECT TO REGISTRATION**

**SECTION 6**  
**PAGE 1 of 1**

**NRC Device Key:** 564763                      **Manufacturer License No:** 1933-70 GL  
**Manufacturer Name:** NDC INFRARED ENGINEERING, INC.  
**Model Number:** 302                      **Serial #:** 8215                      **Transfer Date:** 03/05/2004  
**Isotope:** KR85                      **Activity:** 200                      **Unit:** mCi

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**NRC Device Key:** 646435                      **Manufacturer License No:** 1933-70 GL  
**Manufacturer Name:** NDC INFRARED ENGINEERING, INC.  
**Model Number:** 302                      **Serial #:** 8576                      **Transfer Date:** 03/05/2004  
**Isotope:** KR85                      **Activity:** 200                      **Unit:** mCi

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**NRC Device Key:** 646436                      **Manufacturer License No:** 1933-70 GL  
**Manufacturer Name:** NDC INFRARED ENGINEERING, INC.  
**Model Number:** 302                      **Serial #:** 8577                      **Transfer Date:** 03/05/2004  
**Isotope:** KR85                      **Activity:** 200                      **Unit:** mCi

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**Fiscal Year:**  
**Quarter Period:**

**10/01/2018 - 09/30/2019**  
**10/01/2018 - 09/30/2019**

**Vendor:**

S.C. JOHNSON HOME STORAGE, LLC  
4867 EAST WILDER ROAD  
999 BUILDING  
BAY CITY, MI 48706

**Remit To:**

Office of the Chief Financial Officer  
U.S. Nuclear Regulatory Commission  
P.O. Box 979051  
St. Louis, MO 63197

<b>Docket</b>	<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Invoice Due Date</b>	<b>Invoice Amount</b>
713051	LFB 19-2442	Mar 5, 2019	Apr 4, 2019	\$700.00

For questions, contact (301) 415-7554 or by email at [fees.resource@nrc.gov](mailto:fees.resource@nrc.gov). For NRC debt collection procedures, including interest and penalty provisions, see 31 U.S.C. 3717, 4 CFR 101-105, AND 10 CFR 15. Additional terms and conditions are attached.

Make checks payable to The U.S. Nuclear Regulatory Commission. Interest will accrue from the invoice date at an annual rate of 1%. Interest will be waived if payment is received by the due date. Please reference the invoice number on the remittance.



**Billing Details:**

Docket #: 713051

License #: 713051

Docket Name: S.C. JOHNSON HOME STORAGE, LLC

**Flat Application Fees Outstanding:**

LFB 19-2442

Apr 4, 2019

30

**Total**

\$700.00

**\$700.00**

**Docket Total: 713051**

**\$700.00**

**Jezowski, Jay M.**

**From:** notification@pay.gov  
**Sent:** Wednesday, March 13, 2019 11:09 AM  
**To:** Jezowski, Jay M.  
**Subject:** Pay.gov Payment Confirmation: NRC Fees

**PLEASE NOTE: This email has been sent by an individual outside of the organization. Before replying, ensure you are not sending any confidential information.**



An official email of the United States government

**Pay.gov**

Your payment has been submitted to Pay.gov and the details are below. If you have any questions regarding this payment, please contact NRC Fees Resource Help Desk at 301-415-7554 or FEES.Resource@nrc.gov.

Application Name: NRC Fees  
Pay.gov Tracking ID: 26G2F8AF  
Agency Tracking ID: 75701423491  
Transaction Type: Sale  
Transaction Date: 03/13/2019 11:09:20 AM EDT  
Account Holder Name: Jay Jezowski  
Transaction Amount: \$700.00  
Card Type: MasterCard  
Card Number: \*\*\*\*\*2844

**THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.**



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