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04/10/2019

SECTION 1
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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: THOMPSON

S O M M E R S

First Name: RICHARD

T E R R I

Middle Initial: K

L

Business Telephone Number: (586) 773-5460

5 8 6 7 7 3 5 4 6 0

Extension: 202

2 0 2

Title: PRESIDENT

G e n e r a l m a n a g e r

Enter the mailing address where correspondence regarding your device(s) should be sent.

Department: RICH THOMPSON

T E R R I S O M M E R S

Address Line 1: 24417 GROESBECK HIGHWAY

2 4 4 1 7 G R O E S B E C K H I G H W A Y

Address Line 2:

City: WARREN

W A R R E N

State: MI

Zip Code: 48089

4 8 0 8 9





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2
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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key **432032 (Internal Control Number)**

Distributor/Distributed By: Gamma Instruments, Inc.

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Distributor License Number: 3963-30 GL

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Manufacturer name: GAMMA INSTRUMENTS, INC.

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Device Model (Not Source Model): GR-100

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Device Serial Number: 060404

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Transfer Date: 11/15/1991

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																				
1	AM241 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						1000 <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><td></td></tr></table>													mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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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

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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.

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

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

Jessie Y Sommer

4-23-2019

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

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

