GL-728230-25
05/06/2020

NRC FORM 664
(09 - 2019)
10 CFR 31.5

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198 **OMB EXPIRATION DATE: 09/30/2022**

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-6 A10M), U S Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to 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 Registration Number
GL-728230-25

SECTION 1 - GENERAL LICENSEE INFORMATION

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

Company Name: MIDWEST TUBE MILLS, INC.

Department:

Address Line 1: 2971 MICHIGAN ROAD

Address Line 2:

City: MADISON

State: IN Zip Code: 47250 -

For NRC Use Only *(Do not write here)*
Category:
Packet Receipt Date (MMDDYYYY):
Accession Number:

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: GREVES

First Name: RANDY

Middle Initial:

Business Telephone Number: (812) 265-7001

Extension:

Business E-mail Address: RGREVES@MIDWESTTUBEMILLS.COM

Title: PROJECT MANAGER

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

Department:

Address Line 1: P.O. BOX 830

Address Line 2: 2855 MICHIGAN ROAD

City: MADISON

State: IN

Zip Code: 47250

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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key **848313** **(Internal Control Number)**

Distributor/Distributed By: Advanced Gauging Technologies, L.L.C.

Distributor License Number: 34-32021-01

Manufacturer name: ADVANCED GAUGING TECHNOLOGIES, LLC

Device Model (Not Source Model): AGT400

Device Serial Number: 3717

Transfer Date: 12/04/2017

MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241	1000	mCi
2			
3			
4			
5			
6			

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SECTION 5 - CERTIFICATION

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)

Randy Gove — 6/4/20

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.