



GL-704554-26
 11/20/2020
NRC FORM 664
 (11 - 2020)
 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: 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 FOIA, Library, and Information Collections Branch (T-6 A10M), U S Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and the OMB reviewer at OMB Office of Information and Regulatory Affairs, (3150-0198), Attn Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503, e-mail omb_submission@omb.eop.gov The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number

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-704554-26~~

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: NATIONAL GALVANIZING L.P.

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Department:

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Address Line 1: 1500 TELB ROAD

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Address Line 2:

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City: MONROE

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State: MI

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Zip Code: 481612572

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For NRC Use Only <i>(Do not write here)</i>	Category:		
	Packet Receipt Date (MMDDYYYY):		
	Accession Number:		

NMSS10
 NMSS





GL-704554-26
11/20/2020

SECTION 1
PAGE 2 of 2

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: BARRON

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First Name: ADAM

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Middle Initial: J

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Business Telephone Number: (734) 243-1882

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Extension:

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Business E-mail Address:

A	D	A	M	.	B	A	R	R	O	N	@	N	A	T	I	O	N	A	L	G	A	L	V	A	N	I	Z	I	N	G
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Title: MAINTENANCE MANAGER

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

Department: MAINTENANCE

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Address Line 1: 1500 TELB ROAD

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City: MONROE

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State: MI

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Zip Code: 48162

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GL-704554-26
11/20/2020

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key **538853** (**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: 930715

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Transfer Date: 05/15/1994

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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)																													
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GL-704554-26
11/20/2020

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>)



12/8/2020

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.





GL-704554-26

11/20/2020



SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

SECTION 6
PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

