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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: JOHNSON

DAVIS

First Name: JACK

THOMAS

Middle Initial:

Business Telephone Number: (906) 293-4503

Extension:

Business E-mail Address: JACK.JOHNSON@LPCORP.COM

THOMAS.DAVIS@LPCORP.COM

Title: PLANT EHS MANAGER

PLANT MANAGER

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

Department: QUALITY CONTROL

EHS DEPARTMENT

Address Line 1: P.O. BOX 80

Address Line 2:

City: NEWBERRY

State: MI

Zip Code: 49868





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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.

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

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

September 23, 2021

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 - DEVICE NOT SUBJECT TO REGISTRATION

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NRC Device Key: 541909

Manufacturer License No: 6-2788G

Manufacturer Name: ASOMA INSTRUMENTS, INC.

Model Number: 200

Serial #: 4766

Transfer Date: 01/05/2004

Isotope: AM241

Activity: 0.03

Unit: mCi

