

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: oira 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 Registration Number **SECTION 1 - GENERAL LICENSEE INFORMATION**

GL-704536-27

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: MST ST	ΓEEL												
Department:													
Address Line 1: 30360 E	EDISON DRIVE												
Address Line 2:													
City: ROSEV	ILLE												
State: MI	Zip Code: 4806	6		-									
	For NRC Use Only (Do not write here)	Category: Packet Receipt Date (MMDDYYYY):											
			Accession I	Number:									





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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: SOMMERS First Name: TERRI Middle Initial: L Business Telephone Number: (586) 773-5460 Extension: Business E-mail Address: Title: **GENERAL MANAGER** Enter the mailing address where correspondence regarding your device(s) should be sent. Department: Address Line 1: 24417 GROESBECK HWY Address Line 2: City: WARREN Zip Code: 48089 State: MI





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 1

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

NRC Device Key	486591	(Internal Control N	umber)	
Distributor/Distributed B	y: Gamma Instr	uments, Inc.		
Distributor License Num	ber: 3963-30 GL			
Manufacturer name:	GAMMA INSTRI	JMENTS, INC.		
Device Model (Not Sour	ce Model): GR-10	00		
Device Serial Number:	950201			
Transfer Date: 09/10/	2004			
Transfer Date. 09/10/2	2004		Not in posses	ssion of device (Also
			Complete Sec	ction 4.)
MM DD	YYYY			
Isotope (e.g. AM24	1) /	Activity (e.g. 1005)		Unit (e.g. mCi)
1 AM241		1000		mCi
2				
3				
4				
5				
6	[





SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices. Manufacturer Name **Initial Transferor Name** Initial Transferor License Number (if known) Device Model Number (Not Source Model) **Device Serial Number** Manufacturer/Initial Transferor listed above How acquired and date (e.g., from a distributor/manufacturer, Date Transferred: Other General Licensee other licensee, other source)? MM YYYY O Other Sources DD Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.





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SECTION 4 - NOT IN POSSESSION OF DEVICE

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Provide information about devices listed in Section 2 or 6, but no longer in your possession.

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O Ne	ver P	osse	ssec	the	Devi	ce (C	omp	lete F	Part 1	only	<i>(</i>)	OT	ransi	ferre	to a	Spe	cific	Licen	see	Not	the r	nanu	factu	rer)	
O Re	turne	d to	Manu	ufactu	ırer (Com	plete	Part	1 on	ıly)		(Com	olete	Part	2)									
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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.

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

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

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



SECTION 6 PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit: