



10 CFR 31.5

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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](mailto: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: [oir\\_submission@omb.eop.gov](mailto:oir_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

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**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: GASKA TAPE INC

[illegible]

Department:

[illegible]

Address Line 1: 1810 WEST LUSHER AVENUE

[illegible]

Address Line 2:

[illegible]

City: ELKHART

[illegible]

State: IN

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Zip Code: 46515

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**For NRC Use Only**  
*(Do not write here)*

**Category:**

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Packet Receipt Date (MMDDYYYY):

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Accession Number:

[illegible]



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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: BARNES

[illegible]

First Name: DAVE

[illegible]

Middle Initial:

9

Business Telephone Number: (574) 970-0214

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Extension:

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Business E-mail Address:

[illegible]

Title: MAINTENANCE SUPERVISOR

[illegible]

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

Department: MAINTENANCE

[illegible]

Address Line 1: 1810 WEST LUSHER AVENUE

[illegible]

Address Line 2: P.O. BOX 1968

[illegible]

City: ELKHART

[illegible]

State: IN

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Zip Code: 46515

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1

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YYYY





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### SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3

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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

N	D	C		I	N	F	A	R	E	D		E	N	G	I	N	E	E	R	I	N	G				
---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

Initial Transferor Name

N	D	C		T	E	C	H	N	O	L	O	G	I	E	S											
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Initial Transferor License Number (if known)

1	9	3	3	-	7	0	G	L			
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Device Model Number (Not Source Model)

1	0	2																								
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Device Serial Number

4	9	3	5																						
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How acquired and date (e.g.,  
from a distributor/manufacturer,  
other licensee, other source)?

☒ Manufacturer/Initial Transferor listed above

☐ Other General Licensee

☐ Other Sources

Date Transferred:

6	5
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MM

2	1
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DD

2	0	2	1
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YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

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## SECTION 5 - CERTIFICATION

SECTION 5

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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>)

*David Barnes*

*12/1/21*

**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.