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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: BUHAMAD

W U N S H

First Name: AHMED

J E N N I F E R

Middle Initial:

Business Telephone Number: (219) 956-3100

2 1 9 2 9 6 6 0 4 5

Extension:

Business E-mail Address: Ahmed.Buhamad@gapac.com

J e n n i f e r . w u n s h @ g a p a c . c o m

Title: CURRENT SAFETY OFFICER

E N V I R O N M E N T A L M A N A G E R

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

Department:

Address Line 1: 484 EAST COUNTY RD. 1400 N.

Address Line 2:

City: WHEATFIELD

State: IN

Zip Code: 46392





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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>)

Jennifer Wunsch

3/14/2022

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.

