





GL-2973-27  
04/21/2022

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: VELLA

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First Name: ROBERT

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial: J

--

Business Telephone Number: (616) 581-0308

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Extension:

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Business E-mail Address: rob.vella@millsteel.com

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Title: VP OPERATIONS

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

Department:

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Address Line 1: 5116 36TH STREET SE.

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Address Line 2: P.O. BOX 8827

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City: GRAND RAPIDS

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State: MI

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Zip Code: 49518

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### SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 1 of 2

**NRC Device Key**                **34882**    (**Internal Control Number**)

Distributor/Distributed By: Lockheed Martin Tactical Systems Division

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Distributor License Number: 37-16268-02G

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Manufacturer name: LOCKHEED MARTIN

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Device Model (Not Source Model): 5310

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Device Serial Number: 9388LA

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Transfer Date: 03/15/2016

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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)																	
1	AM241 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							1000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2

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

PAGE 2 of 2

**NRC Device Key**                      **34883**      (**Internal Control Number**)

**Distributor/Distributed By:**    Lockheed Martin Tactical Systems Division

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**Distributor License Number:**    37-16268-02G

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**Manufacturer name:**            LOCKHEED MARTIN

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**Device Model (Not Source Model):**  5310

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**Device Serial Number:**        9035LA

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**Transfer Date:**        03/15/2016

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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)																		
1	AM241 <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						1000 <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											mCi <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
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**SECTION 4 - NOT IN POSSESSION OF DEVICE**

**SECTION 4**  
**PAGE 1 of 1**

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

**Part 1**

NRC Device Key:

Transfer Date:

MM DD YYYY

Location of the Device:

- Whereabouts Unknown (Complete Part 1 only)
- Never Possessed the Device (Complete Part 1 only)
- Returned to Manufacturer (Complete Part 1 only)
- Transferred to another general licensee (Complete Parts 2 and 3)
- Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)

**Part 2 License Number of Recipient (if transferred to a specific licensee):**

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:   Zip Code:       -

**Part 3 Enter the name of the individual responsible for this device:**

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





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**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>)

*Robert Vella*

08/03/2022

**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.**





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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:**

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