



SECTION 1  
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U.S. NUCLEAR REGULATORY COMMISSION

## GENERAL LICENSEE REGISTRATION

**APPROVED BY OMB: NO. 3150-0198**

OMB EXPIRATION DATE: 11/30/2022

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: [pira\\_submission@omb.eop.gov](mailto:pira_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-705635-28**

**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: FRENCH PAPER COMPANY

[illegible]

Department:

[illegible]

Address Line 1: 100 FRENCH STREET

[illegible]

Address Line 2:

[illegible]

City: NILES

[illegible]

State: MI

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Zip Code: 49120

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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]

NMSSIO  
NMSS



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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: FENSKE

[illegible]

First Name: SHANE

[illegible]

Middle Initial: C

11

Business Telephone Number: (269) 683-1100

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Extension: 130

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Business E-mail Address: Fenske@frenchpaper.com

[illegible]

Title: PRESIDENT

[illegible]

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

Department:

[illegible]

Address Line 1: 100 FRENCH STREET

[illegible]

Address Line 2:

[illegible]

City: NILES

[illegible]

State: MI

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Zip Code: 49120

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## 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**                      **115921**    (Internal Control Number)

Distributor/Distributed By:    NDC Technologies

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Distributor License Number:    1933-70 GL

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Manufacturer name:            NDC INFRARED ENGINEERING, INC.

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Device Model (Not Source Model):    MODEL 104

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Device Serial Number:        11039

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Transfer Date:    02/15/1994

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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><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						80 <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																mCi <table><tr><td></td><td></td><td></td></tr></table>			
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MM

DD

A schematic diagram of a polymer chain consisting of four repeating units, each represented by a 'Y' shape. The units are connected in a zigzag fashion, with the top of one 'Y' connected to the bottom of the next. The chain is labeled with 'n' at the top and 'm' at the bottom.

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[illegible]

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[illegible]

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10.

[illegible]



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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>)

**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**

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**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

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