



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: 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, 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-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.

oortable devices	, specify	the prima	ary storag	e location	n. Do not	use P.C). Boxes	š.		
Company Name:	FRENC	H PAPER	COMPAN	IY						
Department:										
Address Line 1:	100 FRE	ENCH ST	REET							
Address Line 2:										
5 - 3 -										
City:	NILES					4-11				
State: MI		Zip	Code: 49	120				-		
			Use Only write here)	t Receipt	Category		YY):		11/517
									1	MASSIC
						Accession	on Num	ber:		NMSSIT
		10000000		9				100		





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: FENSKE Middle Initial: C First Name: SHANE Business Telephone Number: (269) 683-1100 Extension: 130 Business E-mail Address: Fenske@frenchpaper.com Title: **PRESIDENT** Enter the mailing address where correspondence regarding your device(s) should be sent. Department: Address Line 1: 100 FRENCH STREET Address Line 2: City: **NILES** Zip Code: 49120 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 1159	21 (Internal Control Number)	
Distributor/Distributed By: NDC Tech	nologies	
Distributor License Number: 1933-70	GL	
Manufacturer name: NDC INFRAF	RED ENGINEERING, INC.	
Device Model (Not Source Model): MC	DDEL 104	
Device Serial Number: 11039		
Transfer Date: 02/15/1994	_	
		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	80	mCi
2		
3		
4		
5		
6		





SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3 PAGE 1 of 1

Pro	vide	infor	mati	on ab	out c	ther	dev	ices y	ou h	ave	that	are s	ubjec	t to r	egist	ratio	n. Do	not	repo	rt sp	ecific	ally	licer	rsed (devic	es.		
Man	ufac	turer	Nan	ne																								
																								•				
Initia	al Tra	nsfe	ror N	lame				•						•									•					
											}																	
Initia	⊥ al Tra	ınsfe	ror I	icens	LLLI se Ni	ımbe	er (if	knov	l vn)			L		<u> </u>							<u> </u>		<u> </u>					
			<u> </u>						,]											•					
Dovi	ico M	lodel	Mun	l nber	(Not	Sou	rco N	Aode.				<u> </u>																
	ICE IV	louei	Null	Ibei	(NOI	300			' <u>'</u>															Π				
Dovi	ice S	orial	Num	L						l							J							1	_			
		Criai	lvan														-											
								L	Ĺ		<u> </u>	 												L				
How from	acqu a dis	uired stribu	and itor/r	date nanu	(e.g factu	., ırer.	_							or lis			erred:			٦٢	<u> </u>			Τ.	1	}		
		distributor/manufacturer, O Other Gelicensee, other source)?										ense	Э	Dai	.C 116	211510	iiieu.	Щ	 MM	·L	DD		YYYY					
		14			A B 40		0	Othe					400)						IVIIVI		טט					0"		
		ISOTO	ope (e.g. /	AIVIZ	41) ———	\neg			Acti	vity (e.g.	100)	1	1	Τ_	T	1				\neg		Unit	: (e.g	. mCi)		
1.			<u> </u>	<u> </u>	<u> </u>	<u> </u>						<u> </u>	<u> </u>	<u> </u>		<u> </u>			1									
2.																<u> </u>												
3.			Τ	T	1.								T -	Τ		Τ			T									
			<u> </u>	 _							<u> </u>	-\ -	<u> </u>	1	<u> </u>	<u> </u>	1	<u>. </u>	<u> </u>	<u> </u>	<u> </u>				\			
4.			<u> </u>	<u> </u>	1						<u> </u>	<u>L</u> .	<u> </u>	<u> </u>		<u> </u>			<u></u>	<u> </u>		_			<u></u>			
5.				<u> </u>																								
6.											T	Τ				T	T		T		Ţ							
			<u> </u>	+-	<u> </u>		 				<u> </u>	<u>Т. </u>	<u> </u>	1	<u> </u> 	 	 	<u> </u>	<u> </u>	1	<u>'l</u>	_ 		<u> </u>	 T			
7.		<u></u>				<u> </u>							<u> </u>	1		<u> </u>									<u> </u>			
8.																												
9.				T	7						T		T			T			Ī									
			<u> </u>	<u> </u>			<u> </u> 				<u> </u>	1	<u> </u>		<u> </u>	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			•		<u> </u>			
10.				_							* 1																	





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													Transfer Date:																
NRC Device Key:																													
from Section 2 or 6)												MM DD YYYY																	
ocat	ocation of the Device:															•			•										
Whereabouts Unknown (Complete Part 1 only)																										and 3)			
O Never Possessed the Device (Complete Part 1 only) Returned to Manufacturer (Complete Part 1 only))		ransf Comp				cific l	_icen	see (Not 1	the m	nanuf	actur	er)					
(,												
Part 2 License Number of Recipient (if transferred to												to a	sped 1	CITIC II	cens	ee):													
Company Name:																													
Depa	rtme	ent:			L	l	I	1	<u> </u>				L				1	1			<u> </u>	<u> </u>		<u> </u>		I			
																		1				T	Γ						
Addr	l	ino	<u> </u>	<u> </u>		1	<u> </u>			L				-					1	<u></u>	<u> </u>]	<u> </u>	L					
Huui		_1116	1.			_				1	1		Π					· ·					<u>. </u>	1		1			
Addr	ess l	₋ine	2:																										
City:									l —	L	·	1	l				ı	I						l		1			
				·																									
l State	<u> </u>			<u> </u> 	7in	Cod	ь. 	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>				<u> </u>	<u> </u> 				l	<u> </u>		Ĺ				
01010	.				12	oou	0.						_																
Part	3		En	ter t	the r	nam	e of	the	indi	vidu	ıal r	esp	onsi	be fo	or th	is d	evic	e:											
Last	nam	e:																											
						:																							
First	nam	e:		•			•		•	•		•						•		М	iddle	· Initi	al:						
																					Middle Initial:								
Business Telephone Number:										,] E	Exten	sion:					$\overline{\perp}$									
Title:																									-				
				1	Щ.,		L		1	1	1	<u> </u>	I				L	ı											





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.
- 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.



GL-705635-28 11/09/2022

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:

