



GL-705001-29  
 11/03/2023  
 NRC FORM 664  
 (11 - 2022)  
 10 CFR 31.5

U.S. NUCLEAR REGULATORY COMMISSION

### GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 11/30/2025

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: [aira\\_submission@omb.eop.gov](mailto:aira_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: FLAT ROCK METAL, INCORPORATED

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Department:

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Address Line 1: 26601 WEST HURON RIVER DRIVE

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Address Line 2:

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City: FLAT ROCK

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State: MI

Zip Code: 48134  -

For NRC Use Only (Do not write here)	Category: <input type="text"/>
	Packet Receipt Date (MMDDYYYY): <input type="text"/>
	Accession Number: <input type="text"/>

NMSS10  
 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: MAHER

[Grid for last name MAHER]

First Name: MARK

[Grid for first name MARK]

Middle Initial:

[Grid for middle initial]

Business Telephone Number: (734) 782-4454

[Grid for business telephone number (734) 782-4454]

Extension: 190

[Grid for extension 190]

Business E-mail Address: mark\_maher@host2.frm.com

[Grid for business e-mail address mark\_maher@host2.frm.com]

Title: CURRENT SAFETY OFFICER

[Grid for title CURRENT SAFETY OFFICER]

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

Department:

[Grid for department]

Address Line 1: P.O. BOX 1090

[Grid for address line 1 P.O. BOX 1090]

Address Line 2: 26601 WEST HURON RIVER DRIVE

[Grid for address line 2 26601 WEST HURON RIVER DRIVE]

City: FLAT ROCK

[Grid for city FLAT ROCK]

State: MI

[Grid for state MI]

Zip Code: 48134

[Grid for zip code 48134]





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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.

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**NRC Device Key**                      **537291** (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: 9896LX

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Transfer Date: 05/15/1995

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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

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

#### Part 1

NRC Device Key:

(from Section 2 or 6)

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):

N/A

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>)

12/13/2023

**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.

