



GL-704513-29
11/03/2023

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: FIGUEROA

DECK

First Name: KACI

GARY

Middle Initial: E

R

Business Telephone Number: (631) 778-5213

314 955 9368

Extension:

Business E-mail Address: KACI.FIGUEROA.COM

GARY.DECK@HENKEL.COM

Title: SHEQ MANAGER

SHE MANAGER

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

Department:

Address Line 1: 6901 MCKISSOCK AVENUE

Address Line 2:

City: SAINT LOUIS

State: MO

Zip Code: 63147





GL-704513-29

11/03/2023

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) 717198

08 10 2023

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):

T B D

Company Name:

ARMALY BRANDS

Department:

Address Line 1:

1450 MCPHERSON PARK DR.

Address Line 2:

City:

HOWELL

State:

MI

Zip Code:

48843

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

Last name:

ARMALY

First name:

JOHN

Middle Initial:

Business Telephone Number:

209 502 1533

Extension:

Title:





GL-704513-29

11/03/2023

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:

(from Section 2 or 6)

717200

Transfer Date:

08 10 2023

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):

TBD

Company Name:

ARMALY BRANDS

Department:

Address Line 1:

1450 MCPHERSON PARK DR.

Address Line 2:

City:

HOWELL

State:

MI

Zip Code:

48843

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

Last name:

ARMALY

First name:

JOHN

Middle Initial:

Business Telephone Number:

209 502 1533

Extension:

Title:





GL-704513-29

11/03/2023

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)

7 1 7 2 0 6

1 2 1 3 2 0 2 3

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):

T B D

Company Name:

A R M A L Y B R A N D S

Department:

Address Line 1:

1 4 5 0 M C P H E R S O N P A R K D R .

Address Line 2:

City:

H O W E L L

State:

M I

Zip Code:

4 8 8 4 3 -

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

Last name:

A R M A L Y

First name:

J O H N

Middle Initial:

Business Telephone Number:

2 0 9 5 0 2 1 5 3 3

Extension:

Title:





GL-704513-29
11/03/2023

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>)

Darryl Deek

12-28-2023

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.





GL-704513-29

11/03/2023



SECTION 6
PAGE 1 of 1

SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

