



GL-724558-29

04/11/2024

NRC FORM 664

(11 - 2022)

10 CFR 31.5

SECTION 1

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U.S. NUCLEAR REGULATORY COMMISSION

### GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 11/30/2025

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: [oir\\_submission@omb.eop.gov](mailto:oir_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: TORCH STEEL PROCESSING

Torch Steel Processing

Department:

8103 Lynch Road

Address Line 1: 8103 LYNCH ROAD

Address Line 2:

City: DETROIT

Detroit

State: MI

MI

Zip Code: 48234

48234 -

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: BISHOP

B i s h o p

First Name: BRADLEY

B r a d l e y

Middle Initial: J

J

Business Telephone Number: (313) 571-7000

3 1 3 5 7 1 7 0 0 0

Extension: 104

1 0 4

Business E-mail Address: BRAD@TORCHSTEEL.COM

B r a d @ t o r c h s t e e l . c o m

Title: GENERAL MANAGER

G e n e r a l m a n a g e r

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

Department:

Address Line 1: 8103 LYNCH ROAD

8 1 0 3 L y n c h R o a d

Address Line 2:

City: DETROIT

D e t r o i t

State: MI

M I

Zip Code: 48234

4 8 2 3 4





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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2  
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Our records indicate that you have these devices. Please update the information as necessary.

**NRC Device Key**                      **391585 (Internal Control Number)**

Distributor/Distributed By:    Gamma Instruments, Inc.

G a m m a    I N S t r u m e n t s    I N C

Distributor License Number:    3963-30 GL

3 9 6 3 - 3 0    G L

Manufacturer name:            GAMMA INSTRUMENTS, INC.

G A M M A    I N S T R U M E N T S    I N C

Device Model (Not Source Model):    GR-100

G R - 1 0 0

Device Serial Number:            900904

9 0 0 9 0 4

Transfer Date:            03/04/2010

0 3    0 4    2 0 1 0

MM            DD            YYYY

Not in possession of device (Also complete Section 4.)

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241 A M 2 4 1	1000 1 0 0 0	mCi m C i
2			
3			
4			
5			
6			



