

#### NRC FORM 664

(11 - 2022) 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: 11/30/2025

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, 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-728588-30

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: GENERAL DYNAMICS GLOBAL IMAGING TECHNOLOGIES, INC.

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Department:										
ANDM	FG.,	I	N	C =						
Address Line 1: 2909	WATERVIEW DI	RIVE								
Address Line 2:										
City: ROCI	HESTER HILLS									
State: MI	Zip Code	e: 48309	)							
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**Accession Number:** 

NMSS10 NMSS





City:

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: CLARK First Name: MATT Middle Initial: Business Telephone Number: Extension: (586) 883-2453 Business E-mail Address: Title: **SUPERVISOR** E C Enter the mailing address where correspondence regarding your device(s) should be sent. Department: Address Line 1: 2909 WATERVIEW DRIVE Address Line 2:

TROY				
State: MI Zip Code: 483	09	4808	14-	5426

ROCHESTER HILLS





# **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	866395	(Internal Control Number)
Distributor/Distributed By:	Fischer Tech	nology, Inc.
Distributor License Number:	06-19165-0	02G
Manufacturer name: F	ISCHER TECH	HNOLOGY, INC.
Device Model (Not Source I	Model): 600-4	187
Device Serial Number: S	SB-009	
Transfer Date: 01/27/202	3	,
		Not in possession of device (Also complete Section 4.)
MM DD	2000	Complete Section 4.)
	YYYY	
Isotope (e.g. AM241)		Activity (e.g. 1005)  Unit (e.g. mCi)
1 SR90	7	5 mCi
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6		
	7	
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# **SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

SECTION 3 PAGE 1 of 1

Provide i	informati	on abo	ut oth	er dev	vices y	ou ha	ave tha	at are s	ubjec	t to re	gistra	ation	. Do ı	not re	port	spec	ifical	ly lice	nsed	devid	es.
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Initial Tra	ınsferor L	icense	= Num	ber (	if knov	vn)							L								
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Device M	lodel Nur	mber (	Not So	ource	Mode	1)															
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Device S	erial Nun	nber				11															
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	Isotope	(e.g. <i>F</i>	M241					y (e.g.	100)										Un	it (e.c	j. mCi)
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Address Line 2:

**Business Telephone** 

Number:

Title:

### **SECTION 4 - NOT IN POSSESSION OF DEVICE**

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

SECTION 4 PAGE 1 of 1

Transfer Date: Part 1 NRC Device Key: (from Section 2 or 6) MM DD YYYY Location of the Device: O Whereabouts Unknown (Complete Part 1 only) O Transferred to another general licensee (Complete Parts 2 and 3) O Transferred to a Specific Licensee (Not the manufacturer) O Never Possessed the Device (Complete Part 1 only) (Complete Part 2) O Returned to Manufacturer (Complete Part 1 only) Part 2 License Number of Recipient (if transferred to a specific licensee): Company Name: Department: Address Line 1:

City:																			
State:		Zip	Code:						-									i	
Part 3 Last name:	Ente	r the n	ame o	f the	indi	vidu	al re	spc	nsi	be f	or th	nis d	levio	e:					
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Extension:





#### **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

2.25.25

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.





# **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: