



## Universal Forest Products, Inc.

May 25, 2016

Director, Office of Nuclear Material Safety  
and Safeguards  
Attn: GLTS  
US Nuclear Regulatory Commission  
Washington, DC 20555-0001

**RE: Annual Registration of Generally Licensed Devices  
UFP Grainger, LLC – Granger, IN  
GL-648213-20**

Dear Director:

Enclosed please find the completed registration packet for the General License above.

Please contact me if you have any questions at 616-365-1526 or [rdickens@ufpi.com](mailto:rdickens@ufpi.com).

Thank you,

Robert Dickens  
Regulatory Compliance Specialist

encl.

*Corporate Headquarters*

2801 East Beltline NE Grand Rapids, MI 49525 Tel: 616.364.6161 Fax: 616.361.7534 [www.ufpi.com](http://www.ufpi.com)



SECTION 1  
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# GENERAL LICENSEE REGISTRATION

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, Privacy, and Information Collections Branch (T-5 F53), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [Infocollections.Resource@nrc.gov](mailto:Infocollections.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0198), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

[illegible]



SECTION 1  
PAGE 2 of 2

**Enter the name, telephone number and title of the person who is the responsible individual for the device(s).**

[illegible][illegible][illegible]

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[illegible]

Department: ENVIRONMENTAL AFFAIRS

[illegible][illegible][illegible][illegible]

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1	2	3	4
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04/05/2016

## SECTION 2

PAGE 1 of 1

Distributor/Distributed By: Asoma Instruments, Inc.

[illegible][illegible][illegible][illegible][illegible]

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MM DD YYYY

Unit (e.g. mCi)

mCi

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[illegible]

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UCI:

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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04/05/2016

### SECTION 3

### SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 1

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

[illegible]

Initial Transferor Name

[illegible]

Initial Transferor License Number (if known)

[illegible]

Device Model Number (Not Source Model)

[illegible]

Device Serial Number

[illegible]

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

- ☐ Manufacturer/Initial Transferor listed above

- ☐ Other General Licensee

Date Transferred:

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- ☐ Other Source

(Received)

MM

DD

Y Y Y Y

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

[illegible]



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## 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:

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(from Section 2 or 6)

Transfer Date:

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MM

DD

YYYY

Location of the Device:

- ☐ Whereabouts Unknown (complete Part 1 only)      ☐ Transferred to another general licensee (complete Parts 2 and 3)  
☐ Never Possessed the Device (complete Part 1 only)      ☐ Transferred to a Specific Licensee (Not the manufacturer)  
☐ Returned to Manufacturer (complete Part 1 only)      (complete Part 2)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

<p> <math>\frac{1}{2}</math> </p>	<p> <math>\frac{1}{2}</math> </p>
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Zip Code:

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### Part 3

Enter the name of the individual responsible for this device:

**Last Name:**

[illegible]

First Name:

[illegible]

**Middle Initial:**



Telephone Number:

1	2	3
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**Extension:**

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**Title:**

[illegible]



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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>)

*[Handwritten signature]*

*4/25/16*

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.



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SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

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NRC Device Key: 541902

Manufacturer License No: 6-2788G

Manufacturer Name: ASOMA INSTRUMENTS, INC.

Model Number: 200

Serial #: 4757

Transfer Date: 05/15/1996

Isotope: AM241

Activity: 0.030000000

Unit: mCi

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