



10 CFR 31.5

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U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

EXPIRES: 04/30/2016

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, 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.

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.

SECTION 1 - GENERAL LICENSEE INFORMATION

GL-726830-20

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Company Name: EAGLE MINE

[illegible]

Department:

[illegible]

Address Line 1: 4547 COUNTY ROAD 601

[illegible]

Address Line 2:

[illegible]

City: CHAMPION

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State: MI

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Zip Code: 49814 -

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For NRC Use Only
(Do not write here)

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Packet Receipt Date (MMDDYYYY):

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Accession Number:

| Case Number | Case Name | Case Type | Case Status | Case Date | Case Time | Case Location | Case Description | Case Notes | Case Actions |
|-------------|-----------|--------------|----------------|--------------|--------------|------------------|---------------------|---------------|-----------------|
| 1 | Case 1 | Case 1 Type | Case 1 Status | Case 1 Date | Case 1 Time | Case 1 Location | Case 1 Description | Case 1 Notes | Case 1 Actions |
| 2 | Case 2 | Case 2 Type | Case 2 Status | Case 2 Date | Case 2 Time | Case 2 Location | Case 2 Description | Case 2 Notes | Case 2 Actions |
| 3 | Case 3 | Case 3 Type | Case 3 Status | Case 3 Date | Case 3 Time | Case 3 Location | Case 3 Description | Case 3 Notes | Case 3 Actions |
| 4 | Case 4 | Case 4 Type | Case 4 Status | Case 4 Date | Case 4 Time | Case 4 Location | Case 4 Description | Case 4 Notes | Case 4 Actions |
| 5 | Case 5 | Case 5 Type | Case 5 Status | Case 5 Date | Case 5 Time | Case 5 Location | Case 5 Description | Case 5 Notes | Case 5 Actions |
| 6 | Case 6 | Case 6 Type | Case 6 Status | Case 6 Date | Case 6 Time | Case 6 Location | Case 6 Description | Case 6 Notes | Case 6 Actions |
| 7 | Case 7 | Case 7 Type | Case 7 Status | Case 7 Date | Case 7 Time | Case 7 Location | Case 7 Description | Case 7 Notes | Case 7 Actions |
| 8 | Case 8 | Case 8 Type | Case 8 Status | Case 8 Date | Case 8 Time | Case 8 Location | Case 8 Description | Case 8 Notes | Case 8 Actions |
| 9 | Case 9 | Case 9 Type | Case 9 Status | Case 9 Date | Case 9 Time | Case 9 Location | Case 9 Description | Case 9 Notes | Case 9 Actions |
| 10 | Case 10 | Case 10 Type | Case 10 Status | Case 10 Date | Case 10 Time | Case 10 Location | Case 10 Description | Case 10 Notes | Case 10 Actions |



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SECTION 1
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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: DARBY

L A A K S O

First Name: STACEY

Middle Initial:

J E R E M Y

A

Telephone: (906) 339-7070

Extension:

9 0 6 2 0 1 0 6 6 2

Title: SAFETY OFFICER

Enter the mailing address where correspondence regarding your device(s) should be sent.
This address should be specific to the use or storage location of your device(s).

Department:

Address Line 1: 4547 COUNTY ROAD 601

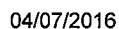
Address Line 2:

City: CHAMPION

State: MI

Zip Code: 49814 -





SECTION 2

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(Internal Control Number)

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

Unit (e.g. mCi)

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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.

Transfer Date:

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Y Y Y Y

☐ 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)

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Enter the name of the individual responsible for this device:

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SECTION 5 - CERTIFICATION

SECTION 5
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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>)



SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

4-27-16

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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