



10 CFR 31.5

SECTION 1

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U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

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 Infocollects.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.

General License

SECTION 1 - GENERAL LICENSEE INFORMATION

Registration Number

GL-725129-20

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: DETROIT STEEL PROCESSING

[illegible]

Department:

[illegible]

Address Line 1: 12301 HUBBELL STREET

[illegible]

Address Line 2:

[illegible]

City: DETROIT

[illegible]

State: MI

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Zip Code: 48227 -

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For NRC Use Only
(Do not write here)

Category:

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97	98
99	100

Packet Receipt Date (MMDDYYYY):

Case	Year	Age	Sex	Occupation	Education	Religion	Marital Status
1	1998	25	Male	Teacher	High School	Muslim	Married
2	1999	30	Female	Homemaker	High School	Muslim	Married
3	2000	35	Male	Engineer	University	Muslim	Married
4	2001	40	Female	Teacher	High School	Muslim	Married
5	2002	45	Male	Businessman	University	Muslim	Married
6	2003	50	Female	Homemaker	High School	Muslim	Married
7	2004	55	Male	Teacher	High School	Muslim	Married
8	2005	60	Female	Homemaker	High School	Muslim	Married
9	2006	65	Male	Engineer	University	Muslim	Married
10	2007	70	Female	Homemaker	High School	Muslim	Married

Accession Number:

[illegible]



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

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

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2

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SECTION 2

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

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MM

DD

YY YY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241 <div><div></div><div></div><div></div><div></div><div></div></div>	1000.000000000 <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	mCi <div><div></div><div></div><div></div></div>
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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Manufacturer Name

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

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(Received)

MM

DD

Y Y Y Y

Unit (e.g. mCi)

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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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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:

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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:

7

Telephone Number:

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Extension:

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Title:

[illegible]



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SECTION 5 - CERTIFICATION

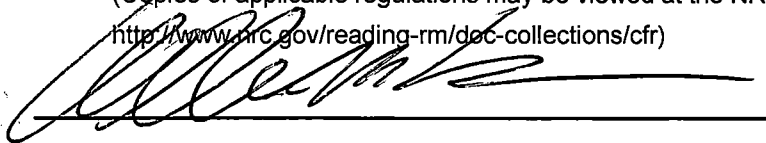
SECTION 5
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I hereby certify that:

- 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>)



8-30-2016

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:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: