



SECTION 1
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U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

OMB EXPIRATION DATE: 04/30/2019

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 Collection Branch (T-6A10M), 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
Registration Number**

SECTION 1 - GENERAL LICENSEE INFORMATION

GL-705001-25

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: FLAT ROCK METAL, INCORPORATED

[illegible]

Department:

[illegible]

Address Line 1: 26601 WEST HURON RIVER DRIVE

[illegible]

Address Line 2:

[illegible]

City. FLAT ROCK

[illegible]

State: MI

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Zip Code: 48134

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[illegible]

**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: MAHER

[illegible]

First Name: MARK

[illegible]

Middle Initial:

11

Business Telephone Number: (734) 782-4454

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Extension: 190

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Title: CURRENT SAFETY OFFICER

[illegible]

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

Department:

[illegible]

Address Line 1: P.O. BOX 1090

[illegible]

Address Line 2: 26601 WEST HURON RIVER DRIVE

[illegible]

City: FLAT ROCK

[illegible]

State: MI

[illegible]

Zip Code: 48134

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SECTION 4

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

Transfer Date:

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YYYY

☐ Returned to Manufacturer (Complete Part 1 only)

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

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Last name:

[illegible][illegible]

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[illegible]



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SECTION 5 - CERTIFICATION

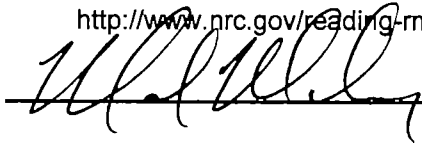
SECTION 5
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I hereby certify that:

- 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.

(Copied of applicable regulations may be viewed at the NRC website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)



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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. 10 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 - DEVICE NOT SUBJECT TO REGISTRATION

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NRC Device Key:

Manufacturer License No:

Manufacturer Name

Model Number.

Serial #:

Transfer Date:

Isotope:

Activity.

Unit:

