



10 CFR 31.5

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U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

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-700020-25

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: DOMTAR

[illegible]

Department: DOMTAR

[illegible]

Address Line 1: 1700 WASHINGTON AVENUE

[illegible]

Address Line 2.

[illegible]

City: PORT HURON

[illegible]

State: MI

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Zip Code 48060

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[illegible]



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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: DOWNING

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First Name: JEFF

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Middle Initial:

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Business Telephone Number. (810) 982-0191

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Extension: 263

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Title. RADIATION SAFETY OFFICER

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

Department DOMTAR

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Address Line 1: 1700 WASHINGTON AVENUE

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Address Line 2:

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City: PORT HURON

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State: MI

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Zip Code: 48060

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Distributor/Distributed By: KAY-RAY/SENSALL, INC.

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

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MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	100	
2			
3			
4			
5			
6			





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SECTION 2

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Distributor/Distributed By: KAY-RAY/SENSALL, INC

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

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

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	200	mCi
	<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></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
2	<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></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
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SECTION 2

Our records indicate that you have these devices. Please update the information as necessary.

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NRC Device Key **595293** **(Internal Control Number)**

Distributor/Distributed By KAY-RAY/SENSALL, INC

[illegible]

Distributor License Number IL-01010-02

[illegible]

Manufacturer name. KAY-RAY/SENSALL, INC.

[illegible]

Device Model (Not Source Model). 7063PS

[illegible]

Device Serial Number S00B1701

[illegible]

Transfer Date 03/31/2000

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

MM DD YYYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	200	mCi
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	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	10	mCi
	<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></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
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SECTION 2

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Distributor/Distributed By: Thermo Process Instruments, L.P.

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

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

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	200 <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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Distributor/Distributed By: Thermo Process Instruments, L.P.

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

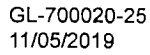
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☐ Not in possession of device (Also complete Section 4.)

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	10 <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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6	<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></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>





SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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

Manufacturer Name

Initial Transferor NameInitial Transferor License Number (if known)Device Model Number (Not Source Model)Device Serial Number

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

☐ Manufacturer/Initial Transferor listed above

☐ Other General Licensee

Date Transferred:

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MM

DD

YYYY

☐ Other Sources

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

10				
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[illegible]

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SECTION 4 - NOT IN POSSESSION OF DEVICE**SECTION 4****PAGE 1 of 1****Provide Information about devices listed in Section 2 or 6, but no longer in your possession.****Part 1**NRC Device Key:
(from Section 2 or 6)

6 7 9 5 3 3

Transfer Date:

1 2 0 4 2 0 1 9

MM

DD

YYYY

Location of the Device.

- ☐ Whereabouts Unknown (Complete Part 1 only)
☐ Never Possessed the Device (Complete Part 1 only)
☒ Returned to Manufacturer (Complete Part 1 only)

- ☐ Transferred to another general licensee (Complete Parts 2 and 3)
☐ Transferred to a Specific Licensee (Not the manufacturer)
(Complete Part 2)

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

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Part 3**Enter the name of the individual responsible for this device:**

Last name:

First name:

Middle Initial:

Business Telephone
Number:

Extension:

Title:

This device was not subject to registration. It was on last year's NRC package, but not this year's.





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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.

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

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

12/9/2019

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****SECTION 6**
PAGE 1 of 1**NRC Device Key:** 804034

Manufacturer License No: 34-00255-06G

Manufacturer Name: ABB, INC

Model Number: U-7

Serial # 98230003

Transfer Date 01/08/2009

Isotope: K85

Activity 250

Unit: mCi

NRC Device Key: 843181

Manufacturer License No. 03214250003

Manufacturer Name ABB, INC.

Model Number: TG-4

Serial #: 97340006

Transfer Date: 07/05/2011

Isotope: KR85

Activity: 1000

Unit: mCi

NRC Device Key: 843182

Manufacturer License No: 03214250003

Manufacturer Name: ABB, INC

Model Number: TG-4

Serial # 31CG10A11

Transfer Date 08/07/2013

Isotope: KR85

Activity: 1000

Unit: mCi