



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.

SECTION 1 - GENERAL LICENSEE INFORMATION

GL-704778-25

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: SUNOCO PIPELINE

[illegible]

Department

[illegible]

Address Line 1. 7155 INKSTER ROAD

[illegible]

Address Line 2

[illegible]

City: TAYLOR

[illegible]

State: MI

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Zip Code: 48180

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For NRC Use Only
(Do not write here)

Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:



GL-704778-25

11/06/2019

SECTION 1

PAGE 2 of 2

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: COTE

V E R H E L L E

First Name: FRANK

S C O T T

Middle Initial:

J

Business Telephone Number: (313) 292-9869

3 1 3 5 8 0 0 2 6 7

Extension:

Title: SR MANAGER

S U P E R V I S O R

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

Department: ATTN: LEEANN MERRICLE

C R A I G M I L L S

Address Line 1: 7155 INKSTER ROAD

Address Line 2:

City: TAYLOR

State: MI

Zip Code: 48180

-







11/06/2019

SECTION 2

PAGE 2 of 9

Distributor/Distributed By: Ohmart Corporation

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

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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	500	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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11/06/2019

SECTION 2

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

PAGE 3 of 9

NRC Device Key **842006** **(Internal Control Number)**

Distributor/Distributed By: VEGA Americas, Inc.

[illegible]

Distributor License Number: 34-00639-04

[illegible]

Manufacturer name: OHMART/VEGA CORPORATION

[illegible]

Device Model (Not Source Model): SHLD-1

[illegible]

Device Serial Number: 36829G

[illegible]

Transfer Date. 08/26/2016

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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>	20 <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>
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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11/06/2019

SECTION 2

PAGE 4 of 9

Distributor/Distributed By: VEGA Americas, Inc.

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

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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	20	
2			
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5			
6			





11/06/2019

SECTION 2

PAGE 5 of 9

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	20	mCi
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3	<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>
4	<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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11/06/2019

SECTION 2

PAGE 6 of 9

Distributor/Distributed By: VEGA Americas, Inc.

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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	20	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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11/06/2019

SECTION 2

PAGE 7 of 9

Distributor/Distributed By: VEGA Americas, Inc.

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

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

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	20	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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11/06/2019

SECTION 2

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

PAGE 8 of 9

NRC Device Key **842011** **(Internal Control Number)**

Distributor/Distributed By: VEGA Americas, Inc.

[illegible]

Distributor License Number: 34-00639-04

[illegible]

Manufacturer name: OHMART/VEGA CORPORATION

[illegible]

Device Model (Not Source Model): SHLD-1

[illegible]

Device Serial Number: 9356CP

[illegible]

Transfer Date: 08/26/2016

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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	20	mCi
2			
3			
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11/06/2019

SECTION 2

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

PAGE 9 of 9

NRC Device Key **842012** **(Internal Control Number)**

Distributor/Distributed By: VEGA Americas, Inc.

[illegible]

Distributor License Number: 34-00639-04

[illegible]

Manufacturer name: OHMART/VEGA CORPORATION

[illegible]

Device Model (Not Source Model): SHLD-1

[illegible]

Device Serial Number: 9363CP

[illegible]

Transfer Date: 08/26/2016

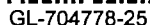
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☐ Not in possession of device (Also complete Section 4.)

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	20	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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11/06/2019

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)

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Transfer Date:

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MM

DD

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

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

Business Telephone
Number.

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Extension.

--	--	--	--	--

Title:

[illegible]



GL-704778-25

11/06/2019

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>)

Sam J. White

11/26/19

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.





GL-704778-25

11/06/2019



SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key:

Manufacturer License No

Manufacturer Name:

Model Number:

Serial #

Transfer Date.

Isotope:

Activity.

Unit:

