



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](mailto: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-705643-25**

**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: GAF - MOUNT VERNON

[illegible]

Department:

[illegible]

Address Line 1: 901 GIVENS ROAD

[illegible]

Address Line 2:

[illegible]

City: MOUNT VERNON

[illegible]

State: IN

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Zip Code: 47620

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**For NRC Use Only**  
*(Do not write here)*

**Category:**

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**Packet Receipt Date (MMDDYYYY):**

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**Accession Number:**

[illegible]



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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: MAHRENHOLZ

[illegible]

First Name: MATTHEW

[illegible]

Middle Initial: R

7

Business Telephone Number: (812) 833-2309

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Extension: 2309

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Title: CURRENT SAFETY OFFICER

[illegible]

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

Department: ATTN: MATTHEW MAHRENHOLZ

[illegible]

Address Line 1: 901 GIVENS ROAD

[illegible]

Address Line 2:

[illegible]

City: MOUNT VERNON

[illegible]

State: IN

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Zip Code: 47620

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## SECTION 2 - DEVICES SUBJECT TO REGISTRATION

## SECTION 2

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

**NRC Device Key**                      **804181**    **(Internal Control Number)**

Distributor/Distributed By: Thermo Scientific Analytical Instruments, Inc.

[illegible]

Distributor License Number: 53-0388

[illegible]

Manufacturer name: THERMO NITON ANALYZERS, LLC.

[illegible]

Device Model (Not Source Model): SUP-77A

[illegible]

Device Serial Number: NX408

[illegible]

Transfer Date: 11/22/2009

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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	SR90 <div><div></div><div></div><div></div><div></div><div></div></div>	100 <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>







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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>)

  
\_\_\_\_\_  
**SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)**

11/25/2019  
\_\_\_\_\_  
**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**  
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**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

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