



#159

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GENERAL LICENSEE REGISTRATION

OMB EXPIRATION DATE: 09/30/2022

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-645035-25

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: ROCHESTER METAL PRODUCTS CORP.

[illegible]

Department:

[illegible]

Address Line 1: 616 INDIANA AVENUE

[illegible]

Address Line 2:

[illegible]

City: ROCHESTER

[illegible]

State: IN

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Zip Code: 46975

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50
51	52	53	54	55
56	57	58	59	60
61	62	63	64	65
66	67	68	69	70
71	72	73	74	75
76	77	78	79	80
81	82	83	84	85
86	87	88	89	90
91	92	93	94	95
96	97	98	99	100

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Category:

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Packet Receipt Date (MMDDYYYY):

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Accession Number:

[illegible]

**SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)**

Last Name: SMITH

First Name: DOUGLAS

Middle Initial: D

Business Telephone Number: (574) 223-3164

Extension:

Business E-mail Address:

Title: PROJECT ENGINEER

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

[illegible]

Address Line 1: P.O. BOX 488

Address Line 2:

City: ROCHESTER

State: IN

Zip Code: 46975

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GL-645035-25

05/06/2020

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 1 of 1

NRC Device Key**527513 (Internal Control Number)**

Distributor/Distributed By: Ohmart Corporation

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Distributor License Number: 34-00639-03G

0	3	2	4	0	3	1	0	0	3	6		
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Manufacturer name: OHMART/VEGA CORPORATION

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Device Model (Not Source Model): SH-F1

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Device Serial Number: M-949

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Transfer Date: 11/15/1995

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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 <table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						50 <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																mCi <table><tr><td></td><td></td><td></td></tr></table>			
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[illegible]

[illegible]

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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:

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(from Section 2 or 6)

Transfer Date:

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MM

DD

YYYY

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:

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:

Business Telephone
Number:

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Extension:

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Title:

[illegible]



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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.
(Copies of applicable regulations may be viewed at the NRC website at:
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

6-11-20

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 - 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:

