



SECTION 1  
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

## GENERAL LICENSEE REGISTRATION

OMB EXPIRATION DATE: 09/30/2022

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 Information Services Branch (T-6 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by 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-43739-25

**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: ALMETALS COMPANY

[illegible]

Department:

[illegible]

Address Line 1: 51035 GRAND RIVER AVENUE

[illegible]

Address Line 2:

[illegible]

City: WIXOM

[illegible]

State: MI

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Zip Code: 48393

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[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: WARFORD

[illegible]

First Name: JANA

[illegible]

Middle Initial: C

<p> <input type="checkbox"/> <b>Yes</b>  <input type="checkbox"/> <b>No</b>  <input type="checkbox"/> <b>Not sure</b> </p>	<p> <input type="checkbox"/> <b>Yes</b>  <input type="checkbox"/> <b>No</b>  <input type="checkbox"/> <b>Not sure</b> </p>
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Business Telephone Number: (248) 348-7843

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Extension: 245

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Business E-mail Address:

[illegible]

Title: DIRECTOR

V	I	C	E	P	R	E	S	I	D	E	N	T							
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**Enter the mailing address where correspondence regarding your device(s) should be sent.**

Department:

[illegible]

Address Line 1: 51035 GRAND RIVER AVENUE

[illegible]

Address Line 2:

[illegible]

City: WIXOM

[illegible]

State: MI

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Zip Code: 48393

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## SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2  
PAGE 1 of 2

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

**NRC Device Key**                      **349583** ✓ (Internal Control Number)

Distributor/Distributed By:    Data Measurement Corporation ✓

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Distributor License Number:    MD-31-088-02 ✓

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Manufacturer name:            THERMORADIOMETRIE ✓

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Device Model (Not Source Model):    AM-5A ✓

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Device Serial Number:        BS986217 ✓

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Transfer Date:    08/15/1988 ✓

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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)																							
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**349584** (Internal Control Number)

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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	AM241 ✓ <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	1000 ✓ <div> <div></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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### SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 1

Manufacturer Name

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

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Y Y Y Y

Unit (e.g. mCi) ✓

1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				
9.																				
10.																				

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## SECTION 4 - NOT IN POSSESSION OF DEVICE

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

## SECTION 4

PAGE 1 of 1

## Part 1

NRC Device Key:  
(from Section 2 or 6)

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Transfer Date:

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MM

DD

Y Y Y Y

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:

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>)

Jana Waisford

6/1/2020

**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  
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**SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION**

**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

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