



SECTION 1
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GENERAL LICENSEE REGISTRATION

OMB EXPIRATION DATE: 09/30/2022

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11/15/2021

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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: SOMMERS

[illegible]

First Name: ANNETTE

[illegible]

Middle Initial: M

7

Business Telephone Number: (248) 656-5370

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Extension:

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Business E-mail Address:

[illegible]

Title: MGR EHS

[illegible]

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

Department: STERILE FILLING

[illegible]

Address Line 1: 870 PARKDALE ROAD

[illegible]

Address Line 2: BLDG-100

[illegible]

City: ROCHESTER

[illegible]

State: MI

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Zip Code: 48307

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SECTION 5 - CERTIFICATION

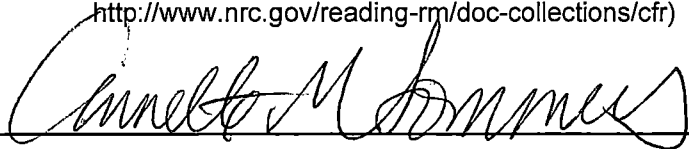
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I hereby certify that:

- 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.

(Copies 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)

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

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

