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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: MAYS

[illegible]

First Name: JOSHUA

[illegible]

Middle Initial: J

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Business Telephone Number: (812) 752-3111

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Extension:

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Business E-mail Address: JMAYS@GENPAK.COM

[illegible]

Title: MAINTENANCE MANAGER

[illegible]

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

Department:

[illegible]

Address Line 1: 845 SOUTH ELM STREET

[illegible]

Address Line 2:

[illegible]

City: SCOTTSBURG

[illegible]

State: IN

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Zip Code: 47170

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SECTION 2

PAGE 2 of 3

595639 (Internal Control Number)

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Unit (e.g. mCi)

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SECTION 2

PAGE 3 of 3

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

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Unit (e.g. mCi)

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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>)



SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

12/9/21

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:

