



SECTION 1
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

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

Company Name: US PREMIER TUBE MILLS

[illegible]

Department:

[illegible]

Address Line 1: 2971 MICHIGAN ROAD

[illegible]

Address Line 2:

[illegible]

City: MADISON

[illegible]

State: IN

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Zip Code: 47250

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For NRC Use Only
(Do not write here)

Category:

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: GREVES

[illegible]

First Name: RANDY

[illegible]

Middle Initial:

7

Business Telephone Number: (812) 265-7004

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Extension:

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Business E-mail Address: RGREVES@USPTMILLS.COM

[illegible]

Title: PROJECT MANAGER

S	R		P	R	O	J	E	C	T		t		F	A	C	I	L	I	T	Y		
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Enter the mailing address where correspondence regarding your device(s) should be sent.

Department:

[illegible]

Address Line 1: P.O. BOX 1516

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Address Line 2: 2855 MICHIGAN ROAD

[illegible]

City: MADISON

[illegible]

State: IN

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Zip Code: 47250

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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

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NRC Device Key**848313 (Internal Control Number)**

Distributor/Distributed By: Advanced Gauging Technologies, L.L.C.

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Distributor License Number: 34-32021-01

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Manufacturer name: ADVANCED GAUGING TECHNOLOGIES, LLC

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Device Model (Not Source Model): AGT400

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Device Serial Number: 3717

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Transfer Date: 12/04/2017

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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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SECTION 5 - CERTIFICATION

SECTION 5

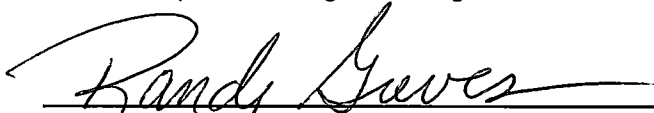
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I hereby certify that:

- 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.

(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)

5/3/22

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:

