North Dakota Radiological Health Rules Chapter 33.1-10-16-01 [10 CFR 40.25] establishes a general license authorizing the use of depleted uranium contained in industrial products or devices for mass-volume applications. This form must be submitted within thirty (30) days after the first receipt or acquisition of such depleted uranium.

Submit this form in duplicate to: North Dakota Department of Environmental Quality, Radiation Control Program, 4201 Normandy Street, 2nd Floor, Bismarck, North Dakota 58503-1324. Phone: 701-328-5166 Fax: 701-328-5200

A certification number will be assigned and a validated copy of SFN 16092 will be returned to the registrant.

In the box below, print or type the name and address (including the zip code) of the registrant for whom this form is filed:

I am filing SFN 16092 pursuant to Chapter 33.1-10-16-01 [10 CFR 40.25], for use of depleted uranium contained in industrial products or devices from mass-volume applications.

If place of use is different from the address above, give complete address and telephone number:

| Certification Number (DO NOT WRITE IN THIS SPACE) |

I certify that:

I. All information in this certification is true and complete.

II. The registrant has developed and will maintain procedures designed to establish physical control over the depleted uranium described in Chapter 33.1-10-16-01 [10 CFR 40.25] and designed to prevent transfer of such depleted uranium in any form, including metal scrap, to persons not authorized to receive the depleted uranium.

III. I understand that Department rules require that any changes in information furnished by a registrant on this registration certificate be reported in writing to the Department within thirty (30) days after the effective date of such change.

IV. I understand that the registrant is required to comply with the provisions of Chapter 33.1-10-16-01 [10 CFR 40.25] with respect to all depleted uranium the registrant receives, acquires, uses, or transfers under the general license for which this registration certificate is filed with the Department.

Signature of Person Filing Form  
Date

Printed Name  
Title