

GL-713797-17
01/08/2013
NRC FORM 664
02 - 2004
10 CFR 31.5

SECTION 1
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

EXPIRES: 03/31/2010

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 Records and FOIA/Privacy Services Branch (T-5 F52), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000). 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.

General License
Registration Number
GL-713797-17

SECTION 1 - GENERAL LICENSEE INFORMATION

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Company Name: KEYWELL LLC

KEYWELL LLC

Department: C/O WEISER RECYCLING

C/O WEISER RECYCLING

Address Line 1: 35900 CLINTON STREET

35900 CLINTON STREET

Address Line 2:

City: WAYNE

WAYNE

State: MI MI

Zip Code: 48184 -

48184 -

For NRC Use Only
(Do not write here)

Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:

TSMEIO

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: JACKSON

JACKSON

First Name: VINCE

VINCE

Middle Initial: L

L

Telephone: (734) 326-3643

734 326 3643

Extension:

Title: GENERAL MANAGER

GENERAL MANAGER

Enter the mailing address where correspondence regarding your device(s) should be sent.
This address should be specific to the use or storage location of your device(s).

Department: C/O WEISER RECYCLING

C/O WEISER RECYCLING

Address Line 1: 35900 CLINTON STREET

35900 CLINTON STREET

Address Line 2:

City: WAYNE

WAYNE

State: MI

MI

Zip Code: 48184 -

48184

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 1 of 1

NRC Device Key 757115 (Internal Control Number)

Distributor/Distributed By: THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR

THERMO SCIENTIFIC PORTA

Distributor License Number: 53-0388

53-0388

Manufacturer Name: NITON CORPORATION

NITON CORPORATION

Device Model (Not Source Model): XLP SERIES

XLP SERIES

Device Serial Number: 6037

6037

Transfer Date (Receipt Date): 08/21/2006

08 21 2006

MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241 AM241	30.00000000 30.00000000	mCi mCi
2			
3			
4			
5			
6			

PAGE 1 of 1

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

[illegible]

Initial Transferor Name

[illegible]

Initial Transferor License Number (if known)

[illegible]

Device Model Number (Not Source Model)

[illegible]

Device Serial Number

[illegible]

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

- ☐ Manufacturer/Initial Transferor listed above
☐ Other General Licensee Date Transferred
☐ Other Source (Received)

Date Transferred:
(Received)

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Y Y Y Y

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1.

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2.

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3.

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4.

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5.

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6.

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7.

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8.

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9.

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10.

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- [illegible]

- [illegible]



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

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)
☐ Returned to Manufacturer (complete Part 1 only) (complete Part 2)

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:

7

Telephone Number:

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Extension:

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Title:

[illegible]

SECTION 5 - CERTIFICATION

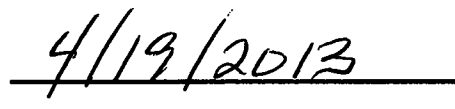
I hereby certify that:

- 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.



GL-713797-17
01/08/2013

SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: