

## 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 [infocoll@nrc.gov](mailto:infocoll@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-710516-17**

## 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: RANDWHITNEY CONTAINER

[illegible]

Department:

[illegible]

Address Line 1: 319 MAPLE AVENUE

[illegible]

Address Line 2:

[illegible]

City: MONTVILLE

[illegible]

State: CT

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Zip Code: 06353 -

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**For NRC Use Only**  
**(Do not write here)**

**Category:**

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**Packet Receipt Date (MMDDYYYY):**

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**Accession Number:**

[illegible]

FS MEID

**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: CHASE

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First Name: RONALD

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Middle Initial: H

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Telephone: (860) 425-3989

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Extension:

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Title: STRATEGIC PROJECT MGR

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**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:

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Address Line 1: 319 MAPLE AVENUE

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Address Line 2:

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City: MONTVILLE

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State: CT

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Zip Code: 06353 -

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## SECTION 2

PAGE 1 of 2

Distributor/Distributed By: NDC INFRARED ENGINEERING INC

[illegible][illegible][illegible][illegible][illegible]

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	25.000000000 <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	mCi <div> <div></div> <div></div> <div></div> </div>
2	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
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## SECTION 2

PAGE 2 of 2

Distributor/Distributed By: NDC INFRARED ENGINEERING INC

[illegible][illegible][illegible][illegible][illegible]

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☐ **Not in possession of device**  
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MM DD YYYY

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### SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

**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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MM

DD

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Isotope (e.g. AM241)

Activity (e.g. 100)

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>)

 Ron CHASE      4/22/13

**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-710516-17  
01/07/2013

**SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

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**NRC Device Key: 786306**

Manufacturer License No: 34-00255-06G

Manufacturer Name: ABB, INC.

Model Number: TG-4

Serial #: 80BA43A31

Transfer Date: 9/22/2008 0

Isotope: KR85

Activity: 1000.0000000000

Unit: mCi

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