



GL-650416-19  
04/06/2015  
**NRC FORM 664**  
02 - 2004  
10 CFR 31.5

SECTION 1  
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RY 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 [infocollcomments@nrc.gov](mailto:infocollcomments@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

## SECTION 1 - GENERAL LICENSEE INFORMATION

**Registration Number**

**GL-650416-19**

**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: MIRWEC FILM INC

[illegible]

Department: **FILM DIVISION**

[illegible]

Address Line 1: 601 SOUTH LIBERTY DRIVE

[illegible]

Address Line 2:

[illegible]

City: BLOOMINGTON

[illegible]

State: IN

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Zip Code: 47403 - 1925

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<b>For NRC Use Only</b> <i>(Do not write here)</i>				<b>Category:</b>			
<b>Packet Receipt Date (MMDDYYYY)</b>							
<b>Accession Number:</b>							



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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: FESLER

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First Name: MICHAEL

Middle Initial:

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Telephone: (812) 331-7194

Extension: 121

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Title: QUALITY ASSURANCE

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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: 601 SOUTH LIBERTY DRIVE

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Address Line 2:

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City: BLOOMINGTON

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State: IN

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Zip Code: 47403 - 1925

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## SECTION 2 - DEVICES SUBJECT TO REGISTRATION

## SECTION 2

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

**NRC Device Key**                      **524690**                      **(Internal Control Number)**

**Distributor/Distributed By:** NDC INFRARED ENGINEERING, INC.

[illegible]

Distributor License Number: 1933-70 GL

[illegible]

**Manufacturer Name: NDC INFRARED ENGINEERING, INC.**

[illegible]

Device Model (Not Source Model): 103

[illegible]

Device Serial Number: 4422

[illegible]

Transfer Date (Receipt Date): 05/15/1997

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MM

DD

YY YY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241	150.000000000	mCi
2			
3			
4			
5			
6			

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## SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

## SECTION 2

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**NRC Device Key**                      **785960**                      **(Internal Control Number)**

**Distributor/Distributed By: NDC INFRARED ENGINEERING INC**

[illegible]

Distributor License Number: 1933-19GL

[illegible]

Manufacturer Name: NDC INFRARED ENGINEERING INC

[illegible]

Device Model (Not Source Model): 103

[illegible]

Device Serial Number: 13875

[illegible]

Transfer Date (Receipt Date): 07/18/2008

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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	150.000000000	mCi
2			
3			
4			
5			
6			



[illegible]



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## SECTION 5 - CERTIFICATION

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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>)

Michael Foster

5/11/15

**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.



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

**SECTION 6**

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**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: