



Krones, Inc.  
6312 Oakton Street  
Morton Grove, IL 60053

July 14, 2015

Director  
Office of Nuclear Safety and Safeguards  
ATTN: GLTS  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001

RE: Report of Transfers by Krones, Inc., IL-02315-01, to General Licensees in Non-Agreement States

To whom it may concern:

A copy of NRC Form 653, *Transfers of Industrial Devices Report (to General Licensees)*, for the second quarter of 2015 is attached. Please call me at 847-965-1999 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Aaron O. Morris'.

Aaron O. Morris

Attachment

cc: Doris Mayer  
John Donahue

cc: [illegible]

cc: [illegible]

cc: [illegible]

cc: [illegible]

NRC FORM 653

(8-2005)  
10 CFR 32

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0001

EXPIRES: 08/31/2008

**TRANSFERS OF INDUSTRIAL DEVICES REPORT  
(TO GENERAL LICENSEES)**

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [infocollects@nrc.gov](mailto:infocollects@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), 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.

**For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:**

|                                |                  |            |
|--------------------------------|------------------|------------|
| NAME OF VENDOR<br>Krones, Inc. | REPORTING PERIOD |            |
|                                | FROM             | TO         |
| LICENSE NUMBER<br>IL-02315-01  | 04/01/2015       | 06/30/2015 |

**INTERMEDIATE PERSON(S) (if any)**

|                                |                                |                                 |           |
|--------------------------------|--------------------------------|---------------------------------|-----------|
| NAME OF INTERMEDIATE PERSON(S) | NAME OF RESPONSIBLE INDIVIDUAL | TITLE OF RESPONSIBLE INDIVIDUAL | TELEPHONE |
| NAME OF INTERMEDIATE PERSON(S) | NAME OF RESPONSIBLE INDIVIDUAL | TITLE OF RESPONSIBLE INDIVIDUAL | TELEPHONE |

**GENERAL LICENSEE INFORMATION**

|                                  |  |
|----------------------------------|--|
| NAME OF GENERAL LICENSEE<br>NONE | MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) |
| NAME OF RESPONSIBLE INDIVIDUAL   |  |
| TITLE OF RESPONSIBLE INDIVIDUAL  |  |

**INFORMATION ON DEVICE(S) TRANSFERRED**

| DATE OF TRANSFER | TYPE OF DEVICE | MODEL NUMBER | SERIAL NUMBER | ISOTOPE | ACTIVITY AND UNITS |
|------------------|----------------|--------------|---------------|---------|--------------------|
|                  | NONE           |              |               |         |                    |
|                  |                |              |               |         |                    |
|                  |                |              |               |         |                    |
|                  |                |              |               |         |                    |

**INTERMEDIATE PERSON(S) (if any)**

|                             |                                |                                 |           |
|-----------------------------|--------------------------------|---------------------------------|-----------|
| NAME OF INTERMEDIATE PERSON | NAME OF RESPONSIBLE INDIVIDUAL | TITLE OF RESPONSIBLE INDIVIDUAL | TELEPHONE |
| NAME OF INTERMEDIATE PERSON | NAME OF RESPONSIBLE INDIVIDUAL | TITLE OF RESPONSIBLE INDIVIDUAL | TELEPHONE |

**GENERAL LICENSEE INFORMATION**

|                                 |  |
|---------------------------------|--|
| NAME OF GENERAL LICENSEE        | MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code) |
| NAME OF RESPONSIBLE INDIVIDUAL  |  |
| TITLE OF RESPONSIBLE INDIVIDUAL |  |

**INFORMATION ON DEVICE(S) TRANSFERRED**

| DATE OF TRANSFER | TYPE OF DEVICE | MODEL NUMBER | SERIAL NUMBER | ISOTOPE | ACTIVITY AND UNITS |
|------------------|----------------|--------------|---------------|---------|--------------------|
|                  |                |              |               |         |                    |
|                  |                |              |               |         |                    |
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