



GL-720043-20  
04/06/2016  
NRC FORM 664  
07 - 2015  
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: 04/30/2016

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 FOIA, Privacy, and Information Collections Branch (T-5 F53), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0198), 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

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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: KOREX CORPORATION

K O R E X C O R P O R A T I O N

Department: LIQUIDS

L I Q U I D S

Address Line 1: 50000 WEST PONTIAC TRAIL

5 0 0 0 0 W E S T P O N T I A C T R A I L

Address Line 2:

City: WIXOM

W I X O M

State: MI

M I

Zip Code: 48393 -

4 8 3 9 3 -

For NRC Use Only  
(Do not write here)

Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:



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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: FANNON

F A N N O N

First Name: DENISE

Middle Initial:

D E N I S E

Telephone: (248) 624-0000

Extension: 208

2 4 8 6 2 4 0 0 0 0

2 0 8

Title: SAFETY OFFICER

S A F E T Y O F F I C E R

**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: LIQUIDS

L I Q U I D S

Address Line 1: 50000 WEST PONTIAC TRAIL

5 0 0 0 0 W E S T P O N T I A C T R A I L

Address Line 2:

City: WIXOM

W I X O M

State: MI

M I

Zip Code: 48393 -

4 8 3 9 3 -



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## SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

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NRC Device Key 823903 (Internal Control Number)

Distributor/Distributed By: INDUSTRIAL DYNAMICS CO., LTD.

INDUSTRIAL DYNAMICS CO LTD

Distributor License Number: 1586-19GL

1586-19GL

Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

INDUSTRIAL DYNAMICS CO LTD

Device Model (Not Source Model): FT-50

FT-50

Device Serial Number: 116013

116013

Transfer Date (Receipt Date): 05/22/2012

05 22 2012

☐ 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 AM241	100.00000000 100.00000000	GBq GBq
2			
3			
4			
5			
6			



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## SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

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NRC Device Key 837020 (Internal Control Number)

Distributor/Distributed By: INDUSTRIAL DYNAMICS CO., LTD.

INDUSTRIAL DYNAMICS CO LTD

Distributor License Number: 1586-19GL

1586-19GL

Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

INDUSTRIAL DYNAMICS CO LTD

Device Model (Not Source Model): FT-50

FT-50

Device Serial Number: 113976

113976

Transfer Date (Receipt Date): 04/29/2015

04 29 2015

☐ 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 AM241	100.00000000 100.00000000	mCi mCi
2			
3			
4			
5			
6			





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## SECTION 4

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

NONE

Transfer Date:

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Y Y Y Y

N/A

- ☐ 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)

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

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**Enter the name of the individual responsible for this device:**

[illegible][illegible]

7

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[illegible]



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**SECTION 5 - CERTIFICATION**

**SECTION 5**  
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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>)

*Debbie Lannon*

04-27-2016

**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:** *NONE*

Manufacturer License No:

Manufacturer Name:

Model Number:

*N/A*

Serial #:

Transfer Date: