



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

January 31, 2019

Director  
Office of Nuclear Safety and Safeguards  
ATTN: GLTS  
U.S. Nuclear Regulatory Commission  
One White Flint North  
11555 Rockville Pike  
Rockville, MD 20852-2738

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 fourth quarter of 2018 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  
Josh Mrotek



# **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 FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [InfoCollect.Resource@nrc.gov](mailto:InfoCollect.Resource@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 Krones, Inc.	REPORTING PERIOD	
	FROM 10/01/2018	TO 12/31/2018
LICENSE NUMBER IL-02315-01		

## **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 NONE	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
NAME OF RESPONSIBLE INDIVIDUAL	
TELEPHONE	
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	
TELEPHONE	
TITLE OF RESPONSIBLE INDIVIDUAL	

## **INFORMATION ON DEVICE(S) TRANSFERRED**

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