



01/22/2019

NRC FORM 664

(04 - 2018)

10 CFR 31.5

ACTS

SECTION 1

PAGE 1 of 2

U S NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB NO 3150-0198

OMB EXPIRATION DATE 02/28/2019

OMB EX-107 (Rev. 04-2010)

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 FOIA Privacy and Information Collection 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
Registration Number**

SECTION 1 - GENERAL LICENSEE INFORMATION

GLE-7-114-27-24

Enter the company name and the street address for the physical location of use for your device(s) For portable devices, specify the primary storage location Do not use P O Boxes

Company Name OMNISOURCE LLC

[illegible]

Department

[illegible]

Address Line 1 2205 S HOLT RD

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Address Line 2

[illegible]

City INDIANAPOLIS

[illegible]

State IN

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Zip Code 46241

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For NRC Use Only
(Do not write here)

Category:

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Packet Receipt Date (MMDDYYYY):

[illegible]

Accession Number:

[illegible]



01/22/2019

PAGE 2 of 2

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)

[illegible][illegible]

7 54 42 5

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[illegible]

Enter the mailing address where correspondence regarding your device(s) should be sent

[illegible][illegible]

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[illegible]



01/22/2019

SECTION 2

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

PAGE 1 of 1

NRC Device Key **734792** **(Internal Control Number)**

Distributor/Distributed By Thermo Scientific Analytical Instruments, Inc

[illegible]

Distributor License Number 53-0388

[illegible]

Manufacturer name NITON LLC

[illegible]

Device Model (Not Source Model) XLP818Q

[illegible]

Device Serial Number 7989

[illegible]

Transfer Date 05/27/2005

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

MM DD YYYY

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1	AM241	30	mCi
2			
3			
4			
5			
6			



SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 1

Manufacturer Name

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

	total

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MM.

DD

YYYY

Unit (e g mCi)

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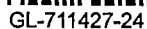
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01/22/2019

SECTION 4

PAGE 1 of 1

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

Part 1

NRC Device Key
(from Section 2 or 6)

Transfer DateMM

DD

YYY

Location of the Device

- ☐ Whereabouts Unknown (Complete Part 1 only)
- ☐ Never Possessed the Device (Complete Part 1 only)
- ☐ Returned to Manufacturer (Complete Part 1 only)
- ☐ Transferred to another general licensee (Complete Parts 2 and 3)
- ☐ Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)

Part 2 License Number of Recipient (if transferred to a specific licensee)

Company Name

DepartmentAddress Line 1Address Line 2CityStateZip Code

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Part 3 **Enter the name of the individual responsible for this device**

Last name

First nameMiddle InitialBusiness Telephone
Number

Extensión

Title[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
(Copied of applicable regulations may be viewed at the NRC website at
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

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. 10 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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01/22/2019



SECTION 6
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SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

NRC Device Key

Manufacturer License No

Manufacturer Name

Model Number

Serial #

Transfer Date

Isotope

Activity

Unit

