



SECTION 1  
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U.S. NUCLEAR REGULATORY COMMISSION

## GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

**OMB EXPIRATION DATE: 09/30/2022**

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, Library, and Information Collections Branch (T-6 A10M), U S Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [Infocollections.Resource@nrc.gov](mailto:Infocollections.Resource@nrc.gov), and the OMB reviewer at [OMB Office of Information and Regulatory Affairs, \(3150-0198\), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503, e-mail: oira\\_submission@omb.eop.gov](mailto:OMB Office of Information and Regulatory Affairs, (3150-0198), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503, e-mail: oira_submission@omb.eop.gov). The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

**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

**GL-704757-26**

**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: COCA COLA NORTH AMERICA

[illegible]

Department:

[illegible]

Address Line 1: 1410 VETERANS MEMORIAL PARKWAY

[illegible]

Address Line 2:

[illegible]

City: WARRENTON

[illegible]

State: MO

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Zip Code: 633831316

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$\sigma$		$\gamma$	

For NRC Use Only (Do not write here)				Category:			
Packet Receipt Date (MMDDYYYY)							
Accession Number							

NMSSIO  
NMSS



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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: HARRIS

[illegible]

First Name: DEDRICK

[illegible]

**Middle Initial:** L

**Business Telephone Number:** (636) 456-6808

[illegible]

**Extension:**

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Business E-mail Address:

d	e	h	a	r	r	i	s	@	c	o	c	a	-	c	o	l	a	.	c	o	m
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Title: PLANT MANAGER

[illegible]

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

Department: SAFETY-

[illegible]

Address Line 1: 1410 VETERANS MEMORIAL PARKWAY

[illegible]

**Address Line 2:**

[illegible]

City: WARRENTON

[illegible]

State: MO

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Zip Code: 633831316

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

**NRC Device Key**                      **61800**    **(Internal Control Number)**

**Distributor/Distributed By:** Industrial Dynamics Company, Ltd.

[illegible]

Distributor License Number: 1586-70GL

[illegible]

Manufacturer name: INDUSTRIAL DYNAMICS CO., LTD

[illegible]

Device Model (Not Source Model): FT-50

[illegible]

Device Serial Number: 113182

[illegible]

Transfer Date: 02/15/1988

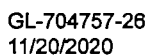
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 **Not in possession of device (Also complete Section 4.)**

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241 <div><div></div><div></div><div></div><div></div><div></div></div>	100 <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	mCi <div><div></div><div></div><div></div></div>
2	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
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6	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>





### SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

**Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.**

**Manufacturer Name**

Initial Transferor NameInitial Transferor License Number (if known)Device Model Number (Not Source Model)Device Serial Number

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

- ☐ Manufacturer/Initial Transferor listed above

- ☐ Other General Licensee

Date Transferred:

### ○ Other Sources

• MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

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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>)

  
SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

11/4/2021  
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 - DEVICE NOT SUBJECT TO REGISTRATION**

**SECTION 6**  
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**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

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