



NMSSIO
NMSS



04/13/2021

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).

Last Name: WOODWARD

[illegible]

First Name: MARINE

[illegible]

Middle Initial:

7

Business Telephone Number: (260) 627-0890

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Extension: 6810

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Business E-mail Address: MARNIE.WOODWARD@CSPPLASTICS.COM

[illegible]

Title: EHS COORDINATOR

[illegible]

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

Department: PRODUCTION

[illegible]

Address Line 1: 13811 ROTH ROAD

[illegible]

Address Line 2:

[illegible]

City: GRABILL

[illegible]

State: IN

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Zip Code: 46741

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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2
PAGE 1 of 2

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

NRC Device Key **814992 (Internal Control Number)**

Distributor/Distributed By: NDC Technologies

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Distributor License Number: 1933-19GL

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Manufacturer name: NDC INFRARED ENGINEERING INC

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Device Model (Not Source Model): 102X

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Device Serial Number: 3087931

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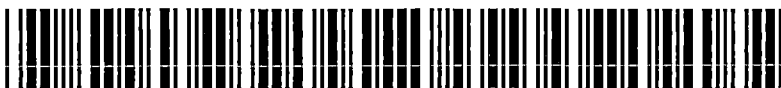
Transfer Date: 03/15/2011

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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)																							
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

NRC Device Key**817774 (Internal Control Number)**

Distributor/Distributed By: NDC Technologies

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Distributor License Number: 1933-19GL

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Manufacturer name: NDC INFRARED ENGINEERING INC

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Device Model (Not Source Model): 102X

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Device Serial Number: 3111131

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Transfer Date: 04/20/2011

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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)																				
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PAGE 1 of 1

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

PAGE 1 of 1

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

Part 1

Transfer Date:

NRC Device Key:

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(from Section 2 or 6)

MM

DD

YYYY

Location of the Device:

- ☐ 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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

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

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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

Last name:

[illegible]

First name:

[illegible]

Middle Initial:

7

Business Telephone
Number:

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Extension:

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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.

(Copies of applicable regulations may be viewed at the NRC website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

Marnie Woodward

5-4-21

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 - 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:

