



NRC FORM 664

02 - 2004 10 CFR 31.5

# GENERAL LICENSEE REGISTRATION

#### APPROVED BY OMB: NO. 3150-0198

EXPIRES: 03/31/2010

**SECTION 1** 

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**U.S. NUCLEAR REGULATORY COMMISSION** 

Estimated burden per response to comply with this mand atory 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 Records and FOIA/Privacy Services Branch (T-5 F52), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NEOE-10202, (3150-0000). 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.

SECTION 1 - GENERAL LICENSEE INFORMATION

Registration Number GL-724172-17

**General License** 

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: GOYA DE PUERTO RICO INC.

Department:		VIND FOC		T T		T 1	- 1		-	T	
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Address Line 1:	LUCHET	TIINDUS				<b>-</b>				T	
Address Line 2:	ROAD #	5, CORNE	ER #28								
City:	BAYAM	NC									
State: PR		Zip C	ode: 0	0961 -	1997 - San						
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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 Nan	ne:	NAZ	ARIC	)															 
First Nar	rst Name: LUIS													iddle	Initia	al: ,	A		
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Telephor	ne:	(787	7) 622	2-490	00								E	xtens	sion:	21	78		
								]											
Title:		EN∖	/IRO	NME	NTA	L DI	REC	TOR											

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:	TRADEW	IND FOO	DD, INC.							
Address Line 1:	LUCHETT	T INDUS	STRIAL P	PARK						
		·								
Address Line 2:	ROAD #5,	, CORNE	ER #28							
City:	BAYAMO	N								
State: PR	Zip	o Code:	00961 -	-				-		





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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION** 

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

**SECTION 2** PAGE 1 of 3

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NRC Device Key	800137	(Internal Contr	ol Number)			
Distributor/Distributed By:	INDUSTRIA	L DYNAMICS C	0., LTD.			
Distributor License Number:	1586-19GL					
Manufacturer Name: INDUST	RIAL DYNAM	ICS CO., LTD.				
Device Model (Not Source Mo	 del): FT-50		11	i	I	
Device Serial Number: 117398						
	, 					
Transfer Date (Receipt Date):	05/07/2009					
				Not ir (Also	possession of complete Section	device on 4.)
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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION** 

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

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NRC Device Key	800138 (Inter	rnal Control Number)	
Distributor/Distributed By:	INDUSTRIAL DYN	NAMICS CO., LTD.	
Distributor License Number:	1586-19GL		
Manufacturer Name: INDUST	RIAL DYNAMICS CO	O., LTD.	
Device Model (Not Source Mo	del): FT-50		
Device Serial Number: 117399	)		
Transfer Date (Receipt Date): (	05/07/2009	Not in possession of device (Also complete Section 4.)	
Isotope (e.g. AM241)	Activity (	(e.g. 100) Uni	t (e.g. mCi)
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Dist	ributor/E	Distribu	ted By:		INDU	ISTR	IAL	DYN	AMI	cs c	:0., I	LTD.					<b>.</b>									
Dist	ributor L	icense	Numbe	r:	1586	-19G	iL				-															
Man	ufacture	er Nam	e: INDU	STR	IAL C	YNA	MIC	s co	D., L	TD.	r · · · ·	r	r	1	1											
Dev	ice Mod	el (Not	Source	Mod	el): F	T-50	)			_			_													
Dev	ice Seria	al Num	ber: 117	400	_					_	-		_	_	_	-			_							
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**SECTION 3** 

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## **SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

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

Man	ufact	urer	Nan	ne																						
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Initia	al Tra	nsfe	ror N	lame						•	•									-	•			•	•	
																							<u> </u>			
Initia	al Tra	nsfe	ror L	icen	se Ni	umbe	er (if	kno	wn)	г г	L				<b>.</b>	•	•	<b></b>	L	J	.4	.4			1	
Devi	ice M	odel	Nur	nber	(Not	Sou	rce N	/lode	el)		r	1									I		····			·····
Devi	ce Se	erial	Num	ber			·		<del></del>	·····		<del></del>	····									1		r	1	
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How	acqu	iired	and	date	e (e.a		0	Man	ufact	urer/	Initia	l Tra	nsfei	ror lis	sted a	abov	Э									
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10.																						]				



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#### **SECTION 4 - NOT IN POSSESSION OF DEVICE**

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Part 1									Т	rans	fer D	ate:											
NRC Device Key:				Τ			[	]	Γ					] [									
(from Section 2 or 6)						1	<u> </u>	]				L	L										
Location of the Device	:									ΜN	1	L	D		Y	ϓϓ	Y						
O Whereabouts Un	know	vn (co	ompl	ete F	Part 1	l only	<b>/</b> )	(						-	enera			•	•				id 3)
O Never Possessed														ecific	Lice	nsee	(Nc	t the	man	ufac	ture	r)	
O Returned to Man	ufact	urer	(cor	nplet	e Pa	rt 1 c	only)		(C	omp	lete I	Part 2	2)										
Part 2 License Numbe	r of I	Recip	pient	(if tra	ansfe	erred	to a	spec	ific li	icens	see):												
Company Name:				I	L	L	1	I	1														
																							]
Department:							I				L							I	L	I	1		-
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Address Line 1:				1			1											L	L	L	1	<b></b>	-
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Address Line 2:	r	<b></b>		<b>,</b>		<u> </u>	<u> </u>			r		r	· · · · · ·				r	<del>.</del>	,	1	-	1	-
City:																							
State:	Zip Code:								] -														-
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Part 3 Enter Last Name:	the r	name	OT	ine ii	naivi	auai	res	pons	IDIe	for 1	nis c	ievic	e:										
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First Name:																M	iddle	e Initi	al:				
Telephone Number:									Extension:														
Title:	<b>I</b>					<b>[</b>		I	L	L	I	L	I			L	<b>I</b>	I			]		
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# **SECTION 5 - CERTIFICATION**

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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.prc.gov/reading-rm/doc-collections/cfr)

an

TAN 3. 2013

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

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NRC Device Key:

# Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: