

NRC FORM 664

#### 02 - 2004 10 CFR 31.5

## GENERAL LICENSEE REGISTRATION

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

EXPIRES: 03/31/2010

**SECTION 1** 

PAGE 1 of 2

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 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, NEOB-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.

General License SECTION 1 - GENERAL LICENSEE INFORMATION Registration Number GL-647251-17

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: COCA-COLA BOTTLING COMPANY

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U.S. NUCLEAR REGULATORY COMMISSION





SECTION 1 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	ast Name: HIBBERT																			
First	Nan	ne:	MAR	ĸ										М	iddle	Initia	al:	L		
Tele	phor	ne:	(406	5) 77 <sup>.</sup>	1-693	31								E	xtens	sion:				
Title	:		CUF	REN	NT S/	AFE <sup>-</sup>	ry o	FFIC	ER											

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:

Add	Address Line 1: 933 38TH STREET NORTH																		
Add	ress	Line	2:																
City	<b>'</b> :			GRE	ΞΑΤΙ	FALL	.S												
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GL-647251-17													
04/15/2013		N 2 - DEV											TION 2
Our records indicate that y				•		IOFIN	ation	asi	lece	155a)	r <b>y.</b>	PAG	E 1 of 1
		(Internal C		umper	)								
Distributor/Distributed By:	Industrial Dy		, LID.			I I		T					
Distributor License Number:	1586-70GL												
Manufacturer Name: INDUST	RIAL DYNAMI	CS CO., LT	ΓD.						_				
Device Model (Not Source Mo	odel): FT-50-C		•										
Device Serial Number: 11405	<u></u> 8	<u> </u>	I				[[		······				
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Transfer Date (Receipt Date):	05/15/1996						Not in				device		
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**SECTION 3** 

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION
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SECTIONS - ADDITIONAL DEVICES SUBJECT TO REGISTRATION PAGE 1 of 1 Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

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Initia	al Tra	ansfe	ror N	lame	e			-																
Initia	al Tra	ansfe	ror L	.icen	se N	umbe	er (if	knov	wn)	•			-		-	-	·	• • • •					•	
Dev	ice N	/lode	l Nur	nber	(Not	Sou	rce N	/lode	el)			•												
Dev	ice S	Serial	Nun	nber																 				
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2.																								
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GL-647251-17
04/15/2013

GL-647251-17 04/15/2013 Provide information about devices listed in Section 2 or 6, but no longer in your p		SECTION 4 PAGE 1 of 1
Part 1  Transfer Date:    NRC Device Key:		
(from Section 2 or 6)	I YYYY	
<ul> <li>Never Possessed the Device (complete Part 1 only)</li> <li>O Returned to Manufacturer (complete Part 1 only)</li> <li>(complete Part 2)</li> </ul>	-	see (complete Parts 2 and 3 Not the manufacturer)
Part 2 License Number of Recipient (if transferred to a specific licensee):		
Company Name:		
Department:		
Address Line 1:		
Address Line 2:		
City:		
State: Zip Code:		
Part 3       Enter the name of the individual responsible for this device:         Last Name:		
First Name:	Mido	dle Initial:
Telephone Number: Exte	nsion:	





## **SECTION 5 - CERTIFICATION**

SECTION 5 PAGE 1 of 1

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)

Y

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.



### SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION SE

**SECTION 6** 

PAGE 1 of 1

NRC Device Key: Manufacturer Name: Model Number: Manufacturer License No:

Serial #:

Transfer Date: