



NRC FORM 664

02 - 2004 10 CFR 31.5 SECTION 1
PAGE 1 of 2
U.S. NUCLEAR REGULATORY COMMISSION

# **GENERAL LICENSEE REGISTRATION**

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

EXPIRES: 03/31/2010

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, 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-58151-17

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.

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Dep	Department:																			
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Add	Address Line 1: 2307 PIDCO DRIVE																			
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SECTION 1 PAGE 2 of 2

# **SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)**

Enter the name, telelphone number and title of the person who is the responsible individual for the device(s).

Last Name: MIKESELL

Last Name: MIKESELL													
First Name: JERRY	Middle Initial: L												
Telephone: (574) 784-3409	Extension: 231												
Title: PRODUCTION MANAGER													
Enter the mailing address where correspondence regarding this address should be specific to the use or storage location Department: CALENDERING	•												

Department:	CALENDERING															
Address Line 1: P.O. BOX 538																
Address Line 2:																
City:	LAKEVI	LLE														
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State: IN	z	Zip Code:	465	36 -									-			





# **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 1 of 1

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**SECTION 3** 

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

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#### **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)

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

**DATE** 

5/10/13

**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**

**SECTION 6** 

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: