



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-647250-17

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: COTT	BEVERAGES USA		<u></u>								
Department:					::						
Address Line 1: 301 L	ARCEL DRIVE										
Address Line 2:											
City: SIKES	STON										
				0000 1000 1000 1000 1000 1000 1000 100							
State: MO	Zip Code: 6380	01 -		- 9	3 8	0					
	For NRC Use Only (Do not write here)	Packet Rece	Category:	DDYYYY):							
			Accession Number:								







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: WISE	·												
PRINT	4												
First Name: MICHAE	L		Middle	Middle Initial:									
GARY			E	E									
Telephone: (573) 47	7-2746	Extens	Extension: 35201										
57347	1 3 6 5 4												
Title: MAINTENANCE MANAGER													
PLANT	MAN	AGER											
Enter the mailing ac						sen	t.						
	PRIN		cation of yo	ur device(s	5).								
Department: MU	CHAEL WASE		Cation of yo	ur device(s	>).								
Department: MU	PRIN				5).								
Department: MU	PRIN				5).								
Department: MUS  G A R Y  Address Line 1: 30	PRIN				5).								
Department: MU  G A R Y  Address Line 1: 30  Address Line 2:	PRIN				).								
Department: MU  G A R Y  Address Line 1: 30  Address Line 2:	CHAEL WASE  PRIN  LARCEL DRIVE												





## **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.

NDC Davies Kay	E24424	(Internal	Control Nu	mbor)		-	
NRC Device Key	524421			inber)			
Distributor/Distributed By:	Industrial L	Dynamics Co	)., LID. T. T. T.				
Distributor License Number:	1586-70GL		4				
Manufacturer Name: INDUST	TRIAL DYNA	MICS CO., L	.TD.				
Device Model (Not Source M	odel): FT-50-	C					
The second secon	1 1 1						
D : 0 : IN   1   245							
Device Serial Number: 6447			I I I	ТТ		- I I I	
Transfer Date (Receipt Date)	: 05/15/1996						
					☐ Not in (Also	possession of d complete Section	levice n 4.)
MM DD Y	YYY						
Isotope (e.g. AM241)		Activity (e.g.					Unit (e.g. mCi)
1 AM241	Γ	100.000000	000 T T T	1 1			mCi
	L						
2							
3							
		TT					
4	L		1 1 1				
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6	Ļ						
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## **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary. PAGE 2 of 2 **NRC Device Key** (Internal Control Number) 524422 Distributor/Distributed By: Industrial Dynamics Co., LTD. Distributor License Number: 1586-70GL Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD. Device Model (Not Source Model): FT-50-C Device Serial Number: 6448 Transfer Date (Receipt Date): 05/15/1996 Not in possession of device (Also complete Section 4.) YYYY MM DD Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) 100.000000000 AM241 mCi 2 3 4 5 6





04/15/2013

**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.

Manufa	cturer N	lame		300000										un un										
Initial Tr	ransfero	or Nam	е																					
Initial Tr	ansfero	r Licer	nse N	umbe	er (if	knov	wn)		:															
Device I	Model N	Numbe	r (Not	t Sou	rce N	/lode	el)																	
Device S	Serial N	umber																					_	
How acc from a d other lic	listribute	or/man	ufact	urer,	0		r Ge	turer/ neral urce				Dat	sted a e Tra ceive	ansfe			MM		DI	]		Y	YYY	
	Isotop	e (e.g.	AM2	41)				Activ	vity (e	e.g. 1	100)	))					-					Unit (e.g. mCi)		
1.																								
2.																								
3.																								
4.																								
5.																								
6.													-											
7.																								
8.																								
9.																								
10.																								





# **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				7	ransfer D	ate:				
NRC Device Key:				] [						
(from Section 2 or 6)	<u>L. L. L. L</u>			J L						
Location of the Device	<b>)</b> ;				MM	DD	Y	YYY		
O Whereabouts Un	ıknown (cor	mplete Part	1 only)	ОТ	ransferre	d to anot	her genera	al licensee (co	omplete Parts	s 2 and 3)
O Never Possesse				nly) O T	ransferre	d to a Sp	ecific Lice	nsee (Not the	manufacture	er)
O Returned to Man	ufacturer (	complete Pa	art 1 only)	(0	complete	Part 2)				
Part 2 License Number	er of Recipie	ent (if transf	erred to a	specific	licensee):					
Company Name:				ia''						
Company Name:			T T T		T T	T T			T E	
Department:										
Address Line 1:	37 - Carlo Car							::		
Address Line 2:	<u> </u>							<del></del>		
City:	1 1		1 1		1 1					
<b>MATTER</b>										
State:	Zip Code:						1			
	the name	of the indiv	idual resp	oonsible	for this	device:				
Last Name:										
Acceptance of			100 cm (100 cm							
First Name:								Middle Init	ial:	
					TI	T 1 .				
Telephone Number:			-				Extension:			
Title:										
		10								





#### **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/jeading-rm/doc-collections/cfr)

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

**SECTION 6** 

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: