NRC FORM 664

PAGE 1 of 2

#### U.S. NUCLEAR REGULATORY COMMISSION

02 - 2004 10 CFR 31.5

#### **GENERAL LICENSEE REGISTRATION**

APPROVED BY OMB: NO. 3150-0198

EXPIRES: 03/31/2010

**SECTION 1** 

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 infocollect@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-7639-17

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: MILNOT COMPANY																						
Depa	artmo	ent:		IIAM	IAINTENANCE																	
Addı	ess	Line	1:	105	WAS	SHIN	GTO	N AV	ENU	E												
Address Line 2:																						
City				SENECA															•			
State	e: N	10					Zip C	ode:	64	865	-							-				
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# **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: MCLAUGHLIN																							
5 W	A	N	5	0	N																		
First Nar	First Name: DANNIE										Middle Initial: J												
CH	CHARLES									R													
Telephone: (417) 776-2243									E	Extension: 4126													
41	7	776 2243												4128									
Title: MAINTENANCE SUPERVISOR																							
H S	É	/	5	Q	M	5		L	E	A	0	E	R										
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: MAINTENANCE																							
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Address	Line	1:	P.O.	вох	X 108	30																	
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Address	Line	2:													_								
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City:	City: SENECA																						
State:	MO			z	ip Co	ode:	648	65 -									] -						

# **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.

NRO	C Dev	/ice	Key				61713			(Internal Control Number)																	
Dist	ributo	r/Di	stribu	ted	Ву:		Indus	strial	Dyna	mics	Co.	, LTC	<b>)</b> .										_				
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			Π																								
Man	ufacti	urer	Nam	e: II	NDUS	STRI	AL D	YNAI	VICS	CO.	., LT	D.	ı														
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Dev	Device Model (Not Source Model): FT-12/22C																										
Device Serial Number: 105764																											
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	Transfer Date (Receipt Date): 11/15/19  MM DD YYYY								Not in possession of device (Also complete Section 4.)																		
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6																											

# **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						681334 (Internal Control Number)																				
Dis	tribut	or/D	istribu	uted	Ву:		Indus	strial	Dyna	amics	s Co.	, LTC	<b>)</b> .													
Distributor License Number:							1586	-70G		L							<u> </u>	<u> </u>	<del></del>			•	_			
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L Mar	<u>l</u> nufact	turer	Nam	e: II	NDU:	I STRI	L AL D	YNA	MICS	L s co	., LT	<u>l</u> D.	J													
Dev	Device Model (Not Source Model): FT-12																									
De\	ice S	eria	l Num	ber:	106	546		3	•			I			<b></b>	<b>.</b>	-				•	1	_			
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Tra	nsfer	Date	e (Re	ceipt	Date	): 1 <sup>°</sup>	1/15/	1985											_							
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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. Manufacturer Name Initial Transferor Name Initial Transferor License Number (if known) Device Model Number (Not Source Model) Device Serial Number O Manufacturer/Initial Transferor listed above How acquired and date (e.g., O Other General Licensee from a distributor/manufacturer, Date Transferred: other licensee, other source)? (Received) O Other Source YYYY DD MMActivity (e.g. 100) Unit (e.g. mCi) Isotope (e.g. AM241) 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	Transfer Date:													
NRC Device Key: (from Section 2 or 6)														
Location of the Device:														
	Transferred to another general licensee (complete Parts 2 and 3													
` ` `	Transferred to a Specific Licensee (Not the manufacturer)													
O Returned to Manufacturer (complete Part 1 only)	(complete Part 2)													
Part 2 License Number of Recipient (if transferred to a specific	c licensee):													
ompany Name:														
Department:														
Address Line 1:														
Address Line 2:														
City:														
State: Zip Code:	-													
Part 3 Enter the name of the individual responsi	ble for this device:													
First Name:	Middle Initial:													
	Middle Millar.													
Telephone Number:	Extension:													
Title:	<del></del>													





### **SECTION 5 - CERTIFICATION**

GL-7639-17 04/02/2013

#### 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** 

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: