



NRC FORM 664

02 - 2004 10 CFR 31.5 SECTION 1 PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

### **GENERAL LICENSEE REGISTRATION**

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Zip Code: 46975 -



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State: IN

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: SMITH First Name: DOUGLAS Middle Initial: D Extension: Telephone: (574) 223-3164 Title: PROJECT ENGINEER 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: 616 INDIANA AVENUE Address Line 1: Address Line 2: P.O. BOX 488 City: **ROCHESTER** 





GL-645035-18

04/08/2014

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

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary. PAGE 1 of 1 **NRC Device Key** 527513 (Internal Control Number) Distributor/Distributed By: OHMART/VEGA CORPORATION 34-00639-03G Distributor License Number: Manufacturer Name: OHMART/VEGA CORPORATION Device Model (Not Source Model): SH-F1 Device Serial Number: M-949 Transfer Date (Receipt Date): 11/15/1995 Not in possession of device (Also complete Section 4.) DD YYYY MM Unit (e.g. mCi) Isotope (e.g. AM241) Activity (e.g. 100) CS137 50.0000000000 mCi 1 2 3 4 5 6





**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

**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 ACC





## **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: