



GL-704429-19  
10/28/2014  
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 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](mailto: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-704429-19

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: E.I. DUPONT DE NEMOURS & COMPANY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Department:        DUBONTY EXPERIMENTAL STATION

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Address Line 1:    BUILDING 322   ROOM 327C

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address Line 2:    P.O. BOX 80322

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City:                      WILMINGTON

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State: DE   |

Zip Code: 19803 - 0322   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**For NRC Use Only**  
*(Do not write here)*

Category:   |

Packet Receipt Date (MMDDYYYY):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Accession Number:

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SECTION 1  
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**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 Name: HIMMELSTEIN

P E T R I L L O

First Name: MATHEW

K E L L Y

Middle Initial:

L

Telephone: (302) 695-6896

3 0 2 4 5 1 4 6 8 9

Extension:

Title: CURRENT SAFETY OFFICER

A S S T. R S O

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: EXPERIMENTAL STATION

Address Line 1: BUILDING 249 ROOM 207

B l d 3 2 2 R o o m 3 2 8 9

Address Line 2: RTE 141 & HENRYCLAY BLVD

City: WILMINGTON

State: DE

Zip Code: 19880 - 0249





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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**



**SECTION 2**  
**PAGE 1 of 3**

Our records indicate that you have these devices. Please update the information as necessary.

**NRC Device Key**                    **267392**     **(Internal Control Number)**

Distributor/Distributed By:     NDC INFRARED ENGINEERING, INC.

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Distributor License Number:    1933-70 GL

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Manufacturer Name: NDC INFRARED ENGINEERING, INC.

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Device Model (Not Source Model): 102

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Device Serial Number: 634

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Transfer Date (Receipt Date): 02/15/1989

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MM                  DD                  YYYY

Not in possession of device (Also complete Section 4.)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																										
1	AM241 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						25.000000000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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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 3

**NRC Device Key                    267732            (Internal Control Number)**

Distributor/Distributed By:      Panametrics Inc.

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Distributor License Number:      20-07181-04G

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Manufacturer Name: PANAMETRICS INC.

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Device Model (Not Source Model): 4000

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Device Serial Number: 554

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Transfer Date (Receipt Date): 04/21/2004

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**Not in possession of device (Also complete Section 4.)**

MM            DD            YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																					
1	AM241 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						10.00000000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key **690154** (Internal Control Number)

Distributor/Distributed By: THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR

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Distributor License Number: 53-0388

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Manufacturer Name: NITON CORPORATION

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Device Model (Not Source Model): XLI421

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Device Serial Number: 5312

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Transfer Date (Receipt Date): 04/21/2004

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MM DD YYYY

Not in possession of device (Also complete Section 4.)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																										
1	AM241 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						14.00000000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

Grid for Manufacturer Name (32 boxes)

Initial Transferor Name

Grid for Initial Transferor Name (32 boxes)

Initial Transferor License Number (if known)

Grid for Initial Transferor License Number (10 boxes)

Device Model Number (Not Source Model)

Grid for Device Model Number (32 boxes)

Device Serial Number

Grid for Device Serial Number (24 boxes)

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred:

(Received)

MM grid (2 boxes)

DD grid (2 boxes)

YYYY grid (4 boxes)

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. Isotope grid (5 boxes)

1. Activity grid (10 boxes)

1. Unit grid (3 boxes)

2. Isotope grid (5 boxes)

2. Activity grid (10 boxes)

2. Unit grid (3 boxes)

3. Isotope grid (5 boxes)

3. Activity grid (10 boxes)

3. Unit grid (3 boxes)

4. Isotope grid (5 boxes)

4. Activity grid (10 boxes)

4. Unit grid (3 boxes)

5. Isotope grid (5 boxes)

5. Activity grid (10 boxes)

5. Unit grid (3 boxes)

6. Isotope grid (5 boxes)

6. Activity grid (10 boxes)

6. Unit grid (3 boxes)

7. Isotope grid (5 boxes)

7. Activity grid (10 boxes)

7. Unit grid (3 boxes)

8. Isotope grid (5 boxes)

8. Activity grid (10 boxes)

8. Unit grid (3 boxes)

9. Isotope grid (5 boxes)

9. Activity grid (10 boxes)

9. Unit grid (3 boxes)

10. Isotope grid (5 boxes)

10. Activity grid (10 boxes)

10. Unit grid (3 boxes)







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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>)

Kelly A. Petullo Asst. RSO

12-15-14

**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.

