



GL-722509-19

01/08/2015

**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-722509-19

**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: OMNISOURCE CORPORATION

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Department:

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Address Line 1: 1414 NORTH MADISON AVENUE

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Address Line 2:

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City: BAY CITY

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State: MI

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Zip Code: 48708 -

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<b>For NRC Use Only</b> <i>(Do not write here)</i>	Category: <table border="1"><tr><td></td><td></td></tr></table>										
Packet Receipt Date (MMDDYYYY): <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Accession Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											





**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: VELASQUEZ

S	P	U	R	G	E	O	N												
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First Name: ALEX

D	W	A	N	E															
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Middle Initial:

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Telephone: (260) 427-5345

2	6	0	4	3	9	8	1	2	5
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Extension:

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Title: QUALITY MANAGER

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**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: OMNISOURCE

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Address Line 1: 7575 WEST JEFFERSON BLVD

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Address Line 2:

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City: FORT WAYNE

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State: IN

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Zip Code: 46804 -

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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 1 of 1

**NRC Device Key**                    **733278**            **(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 LLC

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**Device Model (Not Source Model):** XLP818Q

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**Device Serial Number:** 7317

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**Transfer Date (Receipt Date):** 09/13/2005

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MM            DD            YYYY

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

	<b>Isotope (e.g. AM241)</b>	<b>Activity (e.g. 100)</b>	<b>Unit (e.g. mCi)</b>																															
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SECTION 3

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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

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Initial Transferor Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

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Device Serial Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Manufacturer/Initial Transferor listed above
- Other General Licensee      Date Transferred: 

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- Other Source      (Received)      MM      DD      YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																							
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### SECTION 4 - NOT IN POSSESSION OF DEVICE

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

**Part 1**

NRC Device Key:

(from Section 2 or 6)

Transfer Date:

MM DD YYYY

Location of the Device:

- Whereabouts Unknown (complete Part 1 only)
- Never Possessed the Device (complete Part 1 only)
- Returned to Manufacturer (complete Part 1 only)
- Transferred to another general licensee (complete Parts 2 and 3)
- Transferred to a Specific Licensee (Not the manufacturer) (complete Part 2)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:   Zip Code:       -

**Part 3** Enter the name of the individual responsible for this device:

Last Name:

First Name:

Middle Initial:

Telephone Number:

Extension:

Title:





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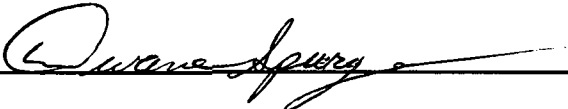
**SECTION 5 - CERTIFICATION**

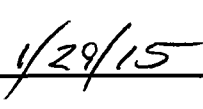
**SECTION 5**  
**PAGE 1 of 1**

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 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.





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**SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

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<b>NRC Device Key:</b>	Manufacturer License No:
Manufacturer Name:	
Model Number:	Serial #: Transfer Date: