



U.S. NUCLEAR REGULATORY COMMISSION

**SECTION 1** 

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NRC FORM 664

GL-717295-19 01/06/2015

02 - 2004 10 CFR 31.5

## **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 to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000). Office of Management and Budget, Washington, DC 20553. 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.

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-717295-19

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: FARNSWORTH METAL RECYCLING LLC

Dep	artm	ent:				•							-							
	Address Line 1: 3602 FARNSWORTH																			
Add	ress	Line	1:	3602	2 Faf	RNS	WOF	RTH												
Add	ress	Line	<b>2</b> :																	
City	:			IND	ANA	POL	IS										 -			
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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).

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First	t Nar	ne:	DON	1					Middle Initial:											
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Tele	phon	e:	(317	') 53 <u>9</u>	9-202	24						E	xten	sion:						
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Title	:		ow	NER							·									

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:

Addres	Address Line 1: 3859 EAST US HWY 40																	
Addres	address Line 2: PO BOX I																	
City:			CLA	YTO	N													
State: IN Zip Code: 46118 -																 _		



GL-717295-19	



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NRC	C De	vice	Key				719
Dist	ributo	or/Di	stribu	uted	By:		тні

**SECTION 2 - DEVICES SUBJECT TO REGISTRATION** 

ave these devices. Please update the information as necessary.

**SECTION 2** PAGE 1 of 1

NRC Device Key	719960	(Internal Control Number)	
Distributor/Distributed By:	THERMO	SCIENTIFIC PORTABLE ANALYTICAL INSTR	
Distributor License Number:	53-0388		
Manufacturer Name: NITON (	CORPORATI	ION	
Device Model (Not Source Mo	odel): XLP81	8	
Device Serial Number: 6575			
			]
			]
Transfer Date (Receipt Date):	07/23/2004		
		Not in possession of device (Also	
MM DD Y	YYY		
·			. mCi)
MM DD Y Isotope (e.g. AM241) 1 AM241	<i>F</i>	Activity (e.g. 100) Unit (e.g. 30.00000000 mCi	. mCi)
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Isotope (e.g. AM241) 1 AM241 2 2	<i>F</i>	Activity (e.g. 100) Unit (e.g	. mCi)
Isotope (e.g. AM241) 1 AM241 2 2 3	<i>F</i>	Activity (e.g. 100) Unit (e.g	. mCi)
Isotope (e.g. AM241) 1 AM241 2 2 3	<i>F</i>	Activity (e.g. 100) Unit (e.g	. mCi)
Isotope (e.g. AM241) 1 AM241 2 2 3 4 4	<i>F</i>	Activity (e.g. 100) Unit (e.g	. mCi)
Isotope (e.g. AM241) 1 AM241 2 2 3 4 4	<i>F</i>	Activity (e.g. 100) Unit (e.g	. mCi)





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#### SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

**SECTION 3** 

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### **SECTION 4 - NOT IN POSSESSION OF DEVICE**

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Part 1			rans	fer D	ate:														
NRC Device Key:					ſ					] [									
(from Section 2 or 6)		I			L			L,											
Location of the Device:						ΜN	1	L	DD		ř	ϓϓ	Y						
O Whereabouts Unkn	own (comp	lete Part	1 only)	1	ОТ	ransf	ferred	d to a	anoth	er ge	enera	al lice	ense	e (co	mple	ete P	arts	2 an	d 3)
O Never Possessed th	ne Device	(complete	e Part 1	only)					a Spe	cific	Lice	nsee	(No	t the	man	ufac	ture	r)	
O Returned to Manufa	icturer (co	mplete Pa	art 1 on	ly)	(C	omp	lete l	Part	2)										
Part 2 License Number o	f Recipient	t (if transf	erred to	o a spe	cific l	icens	see):												
					]														
Company Name:		L1	.1		J														
																			]
Department:		L	<u> </u>			L	I							I	I	<b>!</b>	L	<u> </u>	J
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Part 3 Enter the	e name of	the indiv	idual r	espon	sible	for (	this o	devid	e:										
Last Name:		_				_													
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Title:	Title:																		
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# **SECTION 5 - CERTIFICATION**

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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)

02-12-15

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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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

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