



GL-718716-19 01/06/2015 NRC FORM 664

**SECTION 1** PAGE 1 of 2 **U.S. NUCLEAR REGULATORY COMMISSION** 

02 - 2004 10 CFR 31.5

EXPIRES: 03/31/2010

APPROVED BY OMB: NO. 3150-0198 Estimated burden per response to compty with this mandatory collection request: 20 minutes. NRC will use this information to track general ticensees and their devices to ensure a higher level of dence accountability. Send comments regarding trutten estimate to the Records and FOIA/Privacy Services. Branch (T-5 F52), U. S. Nuclear Regulatory Commission, Washington, DC 2055-5001. or by internet e-mail to infociolects ginc. governote the Desk 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 varied OM8 control number, the NRC may not conduct or sporsor, and a persons 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 LICENSEE REGISTRATION** 

General License

**SECTION 1 - GENERAL LICENSEE INFORMATION** 

Enter the company name and the street address/physical location of use for your device(s). For

**Registration Number** 

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portable device						Do r	ot us	e a I	P.O.	Вох	add	ress	·•		
Company Name	e: BERRY	PLASTIC	SCORP	ORATI	ON	<u> </u>					. : .				
				1 1		1			•						
Department:				-1	•				:		7.7		·		<u> </u>
Address Line 1	: 4100 P	ROFILE PA	ARKWAY	, ,	<u> </u>	···	L	: !						1	
1	$\Box$														
Address Line 2	······································	······································	<del></del> -	<u>.</u>	<u> </u>	•	IL		. :			L	L		L
										·					
City:	BLOO	MINGTON	<del></del>	-t					:	·	<del></del> -	I	L	L-,	I
State: IN		Zip Code: 47404 -									-				
		For NRC Use Only (Do not write here)			Gategory:										
				P	icket F	lecel	pt Dat	te (N	IMDI	DYY	YY):				
							Acc	essi	on N	lum	ber:				





SECTION 1 PAGE 2 of 2

## 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).

		the state of the s	The second secon
Last Name: LENZEN			
COLLINS			
First Name: PETER	:	Middle Initial: A	
CHRIS			
Telephone: (812) 325-4279		Extension:	
810355170	4		
Title: RADIATION SAFETY O	FFICER		
PLANTPR	OJECT	MANA	GER
This address should be specific to Department:	the use or storage loc	ation of your device(	5).
		TIT	
Address Line 1: 4100 PROFILE PAI	RKWAY		
Address Line 2:			
City: BLOOMINGTON		<u> </u>	
State: IN Zip Code: 4	17404 -		





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

SECTION 2
PAGE 1 of 2

Our records indicate that ye	ou have these devices	. Please update th	e information as necessary.	PAGE 1 of 2
NRC Device Key	735137 (Internal	Control Number)		
Distributor/Distributed By:	NDC INFRARED ENG	SINEERING INC		•
Distributor License Number:	1933-19GL			<del></del>
Manufacturer Name: NDC INF	RARED ENGINEERING	3 INC		
Device Model (Not Source Mo	odel): 103	<u> </u>		<b>-</b>
Device Serial Number: 13392	<del></del>			
7 ( 0 (0 ) )	00/22/2005	<del></del>		
Transfer Date (Receipt Date):	06/23/2005 TT1		Not in possession of de complete Section 4.)	vice (Also
			☐ complete Section 4.)	
MM DD YY	<b>( Y Y Y Y Y Y Y Y Y Y</b>			. :
Isotope (e.g. AM241)	Activity (e.g.	100)		Unit (e.g. mCi)
1 AM241	150.000000	000		mCi
2	,	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
3	[ <b>-</b>	<del></del>		
4				
5				
6				





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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 2 **NRC Device Key** 828470 (Internal Control Number) Distributor/Distributed By: NDC INFRARED ENGINEERING INC 1933-19GL Distributor License Number: Manufacturer Name: NDC INFRARED ENGINEERING INC Device Model (Not Source Model): 103 Device Serial Number: 5406121 Transfer Date (Receipt Date): 06/07/2013 Not in possession of device (Also complete Section 4.) YYYY MM DD Unit (e.g. mCi) Isotope (e.g. AM241) Activity (e.g. 100) 1 AM241 150.000000000 mCi 2 3 4 5 6





9.

10.

**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., from a distributor/manufacturer, O Other General Licensee Date Transferred: other licensee, other source)? O Other Source MM DD YYYY (Received) Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) 1. 2. 3. 4. 5. 6. 7. 8.





Title:

### **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) MM DD Location of the Device: O Transferred to another general licensee (complete Parts 2 and 3 Whereabouts Unknown (complete Part 1 only) O Never Possessed the Device (complete Part 1 only) O Transferred to a Specific Licensee (Not the manufacturer) (complete Part 2) - O Returned to Manufacturer (complete Part 1 only) 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: Extension: Telephone Number:





#### **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.
- 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-obllections/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 SPAGE 1 of 1

SECTION 6

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: