GL-658097-19
04/07/2015
NRC FORM 664
02 - 2004
10 CFR 31.5

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 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 Registration Number
GL-658097-19

SECTION 1 - GENERAL LICENSEE INFORMATION

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

Department:

Address Line 1: 2001 PONTIAC STREET

Address Line 2: BLDG 8

City: FORT WAYNE

State: IN Zip Code: 46803 -

For NRC Use Only
(Do not write here)
Category:
Packet Receipt Date (MMDDYYYY):
Accession Number:

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: VELASQUEZ

SPURGEON

First Name: ALEX

DWANE

Middle Initial:

Telephone: (260) 427-5345

260 439 8125

Extension:

Title: QUALITY MANAGER

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: OMNI MEDIA

Address Line 1: 7575 WEST JEFFERSON BLVD

Address Line 2:

City: FORT WAYNE

State: IN

Zip Code: 46804 -

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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 **591578** **(Internal Control Number)**

Distributor/Distributed By: TN TECHNOLOGIES, INC.

Distributor License Number: L01105

Manufacturer Name: TN TECHNOLOGIES, INC.

Device Model (Not Source Model): 5201

Device Serial Number: B3213

Transfer Date (Receipt Date): 08/15/1999

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	CS137	100.000000000	mCi
2			
3			
4			
5			
6			

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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

Initial Transferor Name

Initial Transferor License Number (if known)

Device Model Number (Not Source Model)

Device Serial Number

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 DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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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:

SECTION 5 - CERTIFICATION

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)

4/29/15

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.

SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

NRC Device Key: Manufacturer License No:

Manufacturer Name:

Model Number: Serial #: Transfer Date: