



KRONES, INC.
6312 West Oakton Street
Morton Grove, IL 60053

April 28, 2015

Director
Office of Nuclear Safety and Safeguards
ATTN: GLTS
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

RE: IL-02315-01 Transfer Reports

To whom it may concern:

A copy of the NRC Form 653, TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES) for the first quarter of 2015 is attached. Please call me at 847-965-1999 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Aaron O. Morris".

Aaron O. Morris

Attachment

cc: Doris Mayer
John Donahue

NRC FORM 653
(8-2005)
10 CFR 32

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0001

EXPIRES: 08/31/2008

**TRANSFERS OF INDUSTRIAL DEVICES REPORT
(TO GENERAL LICENSEES)**

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), 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.

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

NAME OF VENDOR Krones, Inc.	REPORTING PERIOD	
	FROM	TO
LICENSE NUMBER IL-02315-01	01/01/2015	03/31/2015

INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE NONE	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)		
NAME OF RESPONSIBLE INDIVIDUAL	TELEPHONE		
TITLE OF RESPONSIBLE INDIVIDUAL			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
	NONE				

INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE	MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code)		
NAME OF RESPONSIBLE INDIVIDUAL	TELEPHONE		
TITLE OF RESPONSIBLE INDIVIDUAL			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS