



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 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-645122-19

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: SOLAR SOURCES, INC.																				
	Department: CANNELBURG PREP. PLANT																			
Dep	artm	ent:		CAN	NEL	BUR	G PI	REP.	PLA	NT										
Add	ddress Line 1: 681 S 900E																			
Address Line 2: 625 NORTH 9TH STREET																				
Add	ddress Line 2: 625 NORTH 9TH STREET																			
City	y: CANNELBURG																			
																	-			
Stat	tate: IN Zip Code: 47519 -																			
	For NRC Use Only (Do not write here) Packet Receipt: Date (MMDDYYYY):																			
	Accession Number																			





SECTION 1 PAGE 2 of 2

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: ATKINSON																											
First Nar	rst Name: MATTHEW Mi															Middle Initial:											
1																											
Telephor	elephone: (812) 354-8776															Extension: 131											
Title:	Title: PLANT MANAGER																										
								į																			
This ad	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: REF: CANNELBURG PREP. PLANT																										
Address	Line	1:	P.O.	ВОХ	X 7																						
:																											
Address	Line	2:	625	NOF	RTH	9TH	STR	EET																			
City:			PET	ERS	BUR	kG																					
State: I	tate: IN Zip Code: 47567 -] _										





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary. PAGE 1 control Number NRC Device Key 546659 (Internal Control Number)														of 1												
NR	C Dev	vice	Key			;	5466	59	(I	nter	nal (Cont	rol N	łuml	oer)											
Dist	ributo	or/Dis	stribu	uted	Ву:		KAY-RAY/SENSALL, INC.																			
Dist	ributo	or Lic	ense	e Nui	mber	.	IL-01010-02																			
							ľ]													
Mar	nufac	turer	Nan	ne: K	AY-F	RAY/S	SENS	SALL	., INC).		1	_										_			
Dev	ice M	lode	l (No	t Sou	ırce	Mode	el): 7	062E	3P		_				•								_			
																	İ									
Dev	rice S	erial	Nun	nber:	S95	L090)1	l	l	l <u> </u>		.1.	<u> </u>		<u>. </u>	1		!			I	J				
	nsfer		DD	ceipt	: Date	e): 11		1995										Not com	in po iplete	ssess Secti	ion of on 4.)	^f devi	ce (Al	so		
	Isoto	ope (e.g.	AM2	——— 41)				Activ	vity (e.g.	100)										•	Unit	(e.g.	mCi)
1	CS1	37							100	.000	0000	000									_		mC	i		
1																										
2		1		Τ	Τ	٦					Т		Т	Т	Τ-					1	7		Г	1		1
 -												<u> </u>									J		<u></u>	<u> </u>		
3			T	Τ	Τ	7					Τ				1	1		<u> </u>	-		7			T		
4		1	1			_]				1_	<u> </u>	-L	1	1			<u> </u>		<u>i</u>						l	j
			I																							
5			Τ]							Τ			1	Τ				7			Τ]
6		1		<u>'</u>		7				,	<u> </u>	-1			1						- '		_		· · · · · · · · · · · · · · · · · · ·	, 1
											<u> </u>														<u> </u>	





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																								
Initia	al Tra	nsfe	ror N	lame	;																			
Initia	al Tra	nsfe	ror L	icen:	se N	umbe	er (if	knov	wn)	.1.						•		•			•	•		
]												
Dev	ice N	lode	Nur	nber	(Not	Sou	rce N	/lode	l)			,												
Dev	ice S	erial	Nun	ber		-			•															
		•			,		01	Manı	ufact	urer/	Initia	l Tra	nsfe	ror lis	ted a	abov	е							
from	w acquired and date (e.g., m a distributor/manufacturer, O Other General Licensee Date Transferred: er licensee, other source)?																							
othe	r lice	ensee	e, oth	ier so	ource	€)?	0	O Other Source (Received) MM DD												 YY	YY			
		Isoto	pe (e.g. A	AM24	1 1)		Activity (e.g. 100)														Unit	(e.g.	mCi)
1.																								
2.]]			
			L	l	l	I I]]				l	L	l	l			l <u> </u>]]		 []	
3.				<u> </u>		<u> </u>]				<u> </u>	<u> </u>	<u> </u>	<u> </u>						<u> </u>]			
4.				<u> </u>																				
5.																								
6.					 	 	,]					<u> </u>								l]			
				<u> </u>	<u> </u>	<u> </u>] 1				l	l		<u> </u>			<u> </u>	l		l] 1			
7.																				 <u></u>]			
8.																								
9.												-												
10.			l <u></u>		<u> </u>	<u> </u>]				<u> </u>		<u> </u>	I			<u> </u>			 L]			
				<u> </u>	L	<u> </u>							l	1			L	L			j		لــــا	<u>i</u>





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.

Par	t 1				Transfer Date:																						
	C De		-]	Γ					\rceil \lceil			\Box						
(fror	n Se	ction	2 or	6)	L	.1	<u> </u>		1	<u> </u>	.1	J	L	 MN	J		DD L			 ′YY	L_ V						
Loc	ation	of th	ne De	evice	:									IVIIV	"	•	טט		1	11	1						
0	Wh	erea	about	ts Ur	knov	vn (c	comp	lete l	Part	1 onl	y)	(O T	ransi	ferre	d to a	anoth	ner g	ener	al lice	ense	e (cc	mple	ete F	'arts	2 an	d 3)
0							/ice	-	•			,				d to a	-	ecific	Lice	nsee	(No	t the	mar	nufac	ture	r)	
0	Ref	turne	ed to	Man	ufact	turer	(co	mple	te Pa	art 1	only)		(0	comp	olete	Part	2)										
Part	2 Li	cens	se Nı	umbe	er of I	Reci	pient	(if tr	ansfe	erred	to a	spe	cific i	licen	see):												
Com	pany	/ Nar	ne:			•				-	•		•														
Dep	artme	ent:		· L					·	· · · · · · · · · · · · · · · · · · ·			<u> </u>	L		I	4						<u> </u>			- 	J
																			}]
Add	ress	Line	1:	_		<u> </u>	1		1	<u> </u>	<u> </u>	1	<u> </u>			.L	.	<u> </u>	.L	1		L.,	L	1		1	J
		· · ·	T				Ţ	Τ	Τ		Γ	<u> </u>					Ι.	T	Ī		<u> </u>		Γ	T		<u> </u>	7
	dress	Line		<u> </u>	<u> </u>			<u> </u>	<u> </u>	l	<u> </u>		,	<u> </u>	l	L	ļ		!	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>			J
	11633		- Z. T	Τ	<u> </u>		1	Τ-	т —	T	1	1	ı	Т	Ι	Τ.	ı —	T	I	1	Ι	1	τ—	Τ-	Τ_	1	7
L				<u> </u>		ļ ,		<u> </u>					<u> </u>									<u> </u>	<u> </u>		<u> </u>		_
City	<i>r</i> :	,	_					,			,		,			,	ı						,				_
				<u> </u>						<u> </u>												<u> </u>					
Stat	e:]	Zip	Cod	e:		T] -														
Par	· 2	<u> </u>	F	J nter	tha	nam	o of	∟ tha i	ndiv	idua	L	none	_ sible	for	thic	devi		J									
	t Nar	ne:	-	1110;	tiie i	IIaIII	e oi	LIIC I	ilarv	luua	1163	pons	SIDIC		uno	ac v i											
							T					l											Γ		T -]
Fire	t Nar	ne.		<u> </u>	i	l	<u>l </u>	<u> </u>	L	L			l	1	L	I	L	<u>}</u>	<u> </u>	L	انططاء	L	L			<u> </u>	J
1 113	- Nai	110.	Ī	Γ-									1									e Initi	aı.				
				<u></u>	<u> </u>		<u> </u>	<u> </u>				<u> </u>					7										
Tele	ohone	e Nu	mbe	r:													_ E	Exter	nsion	: L							
Title	:																										_





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-collections/cfr)

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

5-4-15

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

SECT

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: