



GL-724381-19
04/07/2015
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
<small>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.</small>	

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-724381-19

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: CSP PLASTICS

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Department: PRODUCTION

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Address Line 1: 13811 ROTH ROAD

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 2:

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City: GRABILL

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State: IN

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Zip Code: 46741 -

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For NRC Use Only <i>(Do not write here)</i>	Category <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table>										
	Packet Receipt Date (MMDDYYYY): <table border="1" style="display: inline-table; width: 100%; height: 25px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
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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).

Last Name: SYNDRAM

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First Name: TODD

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Middle Initial: L

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Telephone: (260) 627-0891

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Extension: 7809

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Title: CURRENT SAFETY OFFICER

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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: PRODUCTION

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Address Line 1: 13811 ROTH ROAD

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Address Line 2:

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City: GRABILL

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State: IN

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Zip Code: 46741 -

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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 1 of 2

NRC Device Key **814992** (Internal Control Number)

Distributor/Distributed By: NDC INFRARED ENGINEERING INC

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Distributor License Number: 1933-19GL

XXXXXXXXXXXXXXXXXXXX

Manufacturer Name: NDC INFRARED ENGINEERING INC

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Device Model (Not Source Model): 102X

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Device Serial Number: 3087931

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Transfer Date (Receipt Date): 03/15/2011

MM DD YYYY

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	AM241 XXXXXX	25.000000000 XXXXXXXXXXXXXX	mCi XXXX
2	XXXXXX	XXXXXXXXXXXXXX	XXXX
3	XXXXXX	XXXXXXXXXXXXXX	XXXX
4	XXXXXX	XXXXXXXXXXXXXX	XXXX
5	XXXXXX	XXXXXXXXXXXXXX	XXXX
6	XXXXXX	XXXXXXXXXXXXXX	XXXX





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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 **817774** **(Internal Control Number)**

Distributor/Distributed By: **NDC INFRARED ENGINEERING INC**

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Distributor License Number: **1933-19GL**

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Manufacturer Name: **NDC INFRARED ENGINEERING INC**

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Device Model (Not Source Model): **102X**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number: **3111131**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Transfer Date (Receipt Date): **04/20/2011**

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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	AM241 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					25.000000000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					mCi <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
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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 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:





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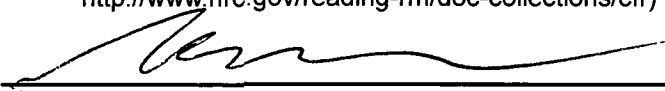
SECTION 5 - CERTIFICATION


SECTION 5
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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>)





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: