



GL-720043-19
 04/07/2015
 NRC FORM 664
 02 - 2004
 10 CFR 31.5

SECTION 1
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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-720043-19

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: KOREX CORPORATION

K O R E X C O R P O R A T I O N

Department:

L I Q U I D S

Address Line 1: 50000 WEST PONTIAC TRAIL

5 0 0 0 0 W E S T P O N T I A C T R A I L

Address Line 2:

City: WIXOM

W I X O M

State: MI

M I

Zip Code: 48393 -

4 8 3 9 3

For NRC Use Only
(Do not write here)

Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:





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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: FANNON

F A N N O N

First Name: DENISE

D E N I S E

Middle Initial:

Telephone: (248) 624-0000

2 4 8 6 2 4 0 0 0 0

Extension: 208

2 0 8

Title: SAFETY OFFICER

S A F E T Y O F F I C E R

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:

L I Q U I D S

Address Line 1: 50000 WEST PONTIAC TRAIL

5 0 0 0 0 W E S T P O N T I A C T R A I L

Address Line 2:

City: WIXOM

W I X O M

State: MI

M I

Zip Code: 48393 -

4 8 3 9 3 -





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key 823903 (Internal Control Number)

Distributor/Distributed By: INDUSTRIAL DYNAMICS CO., LTD.

INDUSTRIAL DYNAMICS CO. LTD

Distributor License Number: 1586-19GL

1586-19GL

Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

INDUSTRIAL DYNAMICS CO. LTD

Device Model (Not Source Model): FT-50

FT-50

Device Serial Number: 116013

116013

Transfer Date (Receipt Date): 05/22/2012

05 22 2012

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 AM241	100.00000000 100.00000000	GBq 689
2	AM241	100.	3.7
3			
4			
5			
6			





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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

INDUSTRIAL DYNAMICS SCOTLAND

Initial Transferor Name

LIQUID MANUFACTURERS L.L.C.

Initial Transferor License Number (if known)

UNKNOWN

Device Model Number (Not Source Model)

FT-50

Device Serial Number

113976

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: 04 29 2015
 (Received) MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1.	AM241	100.00000000	659
2.	AM241	100.	3.7
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			





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SECTION 5 - CERTIFICATION

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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>)

Deuse Lannon

5/15/15

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.





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SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

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NRC Device Key:
Manufacturer Name:
Model Number:

Manufacturer License No:

Serial #:

Transfer Date: