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Date 6/22/15

NRC FORM 664
(05-2014)
10 CFR 31.5

SECTION 1
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 04/30/2016

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 FOIA, Privacy, and Information Collections Branch (T-5 F53), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0198), 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

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Enter the company name and street address for the physical location of use for the device(s). For portable devices, specify the primary storage location. Do not use P. O. Boxes.

Company Name:

O M N I S O U R C E C O R P O R A T I O N

Department:

Address Line 1:

2 7 1 1 W E S T T A L O R S T R E E T

Address Line 2:

City:

F O R T W A Y N E

State:

I N

Zip Code:

4 6 8 0 2 -

For NRC Use Only <i>(Do not write here)</i>		Category:	<input type="text"/>
Packet Receipt Date (MMDDYYYY)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accession Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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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:

S P U R G E O N

First Name:

D W A N E

Middle Initial:

L

Telephone:

2 6 0 - 4 3 9 - 8 1 2 5

Extension:

Title:

Q U A L I T Y M A N A G E R

Enter the mailing address where correspondence regarding your device(s) should be sent.

Department:

O M N I S O U R C E C O R P O R A T I O N

Address Line 1:

7 5 7 5 W E S T J E F F E R S O N B L V D

Address Line 2:

City:

F O R T W A Y N E

State:

I N

Zip Code:

4 6 8 0 4 -



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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 690112 (Internal Control Number)

Distributor/Distributed By:

T H E R M O S C I E N T I F I C

Distributor License Number:

5 3 - 0 3 8 8

Manufacturer Name:

N I T O N C O R P O R A T I O N

Device Model (Not Source Model):

X L P 8 1 8

Device Serial Number:

5 6 1 2

[X] Not in possession of device (Also complete Section 4)

Transfer Date: MM/DD/YYYY

0 6 1 7 2 0 1 5
MM DD YYYY

Table with 3 columns: Isotope (e.g., AM241), Activity (e.g., 100), Unit (e.g., mCi). Row 1: AM241, 30.000, mCi. Rows 2-6 are empty.



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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 690114 (Internal Control Number)

Distributor/Distributed By:

T H E R M O S C I E N T I F I C

Distributor License Number:

5 3 - 0 3 8 8

Manufacturer Name:

N I T O N C O R P O R A T I O N

Device Model (Not Source Model):

X L P 8 1 8

Device Serial Number:

5 6 4 3

[X] Not in possession of device (Also complete Section 4)

Transfer Date: MM/DD/YYYY

0 6 1 7 2 0 1 5
MM DD YYYY

Table with 3 columns: Isotope (e.g., AM241), Activity (e.g., 100), Unit (e.g., mCi). Row 1: AM241, 30.000, mCi.



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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 741687 (Internal Control Number)

Distributor/Distributed By:

T H E R M O S C I E N T I F I C

Distributor License Number:

5 3 - 0 3 8 8

Manufacturer Name:

N I T O N C O R P O R A T I O N

Device Model (Not Source Model):

X L P 8 1 8 Q

Device Serial Number:

9 1 1 8

Not in possession of device (Also complete Section 4)

Transfer Date: MM/DD/YYYY

MM DD YYYY

	Isotope (e.g., AM241)	Activity (e.g., 100)	Unit (e.g., mCi)
1.	A M 2 4 1	3 0 . 0 0 0	m C i
2.			
3.			
4.			
5.			
6.			

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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 754156 (Internal Control Number)

Distributor/Distributed By:

T H E R M O S C I E N T I F I C

Distributor License Number:

5 3 - 0 3 8 8

Manufacturer Name:

N I T O N C O R P O R A T I O N

Device Model (Not Source Model):

X L P 8 1 8 Q

Device Serial Number:

1 2 3 5 5

Not in possession of device (Also complete Section 4)

Transfer Date: MM/DD/YYYY

MM DD YYYY

Table with 3 columns: Isotope (e.g., AM241), Activity (e.g., 100), Unit (e.g., mCi). Row 1: A M 2 4 1, 3 0 . 0 0 0, m C i



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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 License
 Other Source

Date Transferred:
MM DD YYYY

	Isotope (e.g., AM241)	Activity (e.g., 100)	Unit (e.g., mCi)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>



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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 690112 (from Section 2 or 6)

Transfer Date

0 6 1 7 2 0 1 5 MM DD YYYY

Location of the Device:

- Whereabouts Unknown, Never Possessed the Device, Returned to Manufacturer, Transferred to another general licensee, Transferred to a Specific Licensee (not the manufacturer)

Part 2

License Number of Recipient (if transferred to a specific licensee)

4 4 - 0 0 5 6

Company Name:

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

Department:

[Empty department field]

Address Line 1:

3 3 0 O L D E N F I E L D R O A D

Address Line 2:

[Empty address line 2 field]

City:

B E L C H E R T O W N

State: M A

Zip Code: 0 1 0 0 7

Part 3 Enter the name of the individual responsible for this device.

Last Name:

W I L D S J R

First Name:

Middle Initial:

E D W A R D L

Telephone Number:

Extension

4 1 3 - 3 2 3 - 9 5 7 1

Title

R S O F O R V S S A

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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 690114 (from Section 2 or 6)

Transfer Date

0 6 1 7 2 0 1 5 MM DD YYYY

Location of the Device:

- Whereabouts Unknown, Never Possessed the Device, Returned to Manufacturer, Transferred to another general licensee, Transferred to a Specific Licensee (not the manufacturer)

Part 2

License Number of Recipient (if transferred to a specific licensee)

4 4 - 0 0 5 6

Company Name:

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

Department:

[Empty department field]

Address Line 1:

3 3 0 O L D E N F I E L D R O A D

Address Line 2:

[Empty address line 2 field]

City:

B E L C H E R T O W N

State: M A

Zip Code: 0 1 0 0 7 -

Part 3 Enter the name of the individual responsible for this device.

Last Name:

W I L D S J R

First Name:

Middle Initial:

E D W A R D L

Telephone Number:

Extension

4 1 3 - 3 2 3 - 9 5 7 1

Title

R S O F O R V S S A

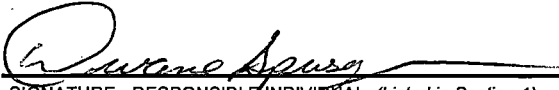
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SECTION 5 - CERTIFICATION

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 web site at www.nrc.gov/reading-rm/doc-collections/cfr/)


SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

6/22/15
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.

