



GL-716916-19  
 01/06/2015  
**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**  
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](mailto: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-716916-19**

**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: **MARKETING TECHNOLOGY SERVICE INC.**

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Department:

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

Address Line 1: **4100 S 7TH STREET**

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Address Line 2:

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City: **KALAMAZOO**

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State: MI

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Zip Code: **49009** -

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

<b>For NRC Use Only</b> <i>(Do not write here)</i>	<b>Category:</b> <table border="1" style="width: 60px; height: 20px;"></table>
	<b>Packet Receipt Date (MMDDYYYY):</b> <table border="1" style="width: 120px; height: 25px;"></table>
	<b>Accession Number:</b> <table border="1" style="width: 180px; height: 25px;"></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: HANSON

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First Name: JAMES

Middle Initial: P

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Telephone: (269) 375-1236

Extension:

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

Title: DIRECTOR

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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:

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Address Line 1: 4100 S 7TH STREET

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Address Line 2:

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City: KALAMAZOO

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State: MI

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Zip Code: 49009 -

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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 1**

**NRC Device Key**                  **715506**        **(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): **103**

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Device Serial Number: **2967**

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Transfer Date (Receipt Date): **07/07/2004**

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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" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						150.000000000 <table border="1" style="width: 100%; height: 20px;"><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></tr></table>															mCi <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td></tr></table>			
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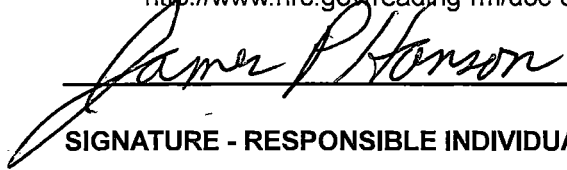
**SECTION 5 - CERTIFICATION**

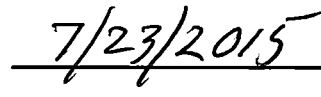
**SECTION 5**  
**PAGE 1 of 1**

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.
- 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: