



GL-704837-20  
 11/03/2015  
 NRC FORM 664  
 07 - 2015  
 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: 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 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: CRODA INC.

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Department: ATLAS POINT PLANT

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Address Line 1: 315 CHERRY LANE

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Address Line 2:

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City: NEW CASTLE

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State: DE

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Zip Code: 19720 -

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For NRC Use Only (Do not write here)	Category: <table border="1"><tr><td></td><td></td></tr></table>									
	Packet Receipt Date (MMDDYYYY): <table border="1"><tr><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: TOUHEY

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First Name: ROBERT

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Middle Initial:

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Telephone: (302) 429-5269

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Extension:

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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: ATLAS POINT PLANT

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Address Line 1: 315 CHERRY LANE

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Address Line 2:

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City: NEW CASTLE

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State: DE

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Zip Code: 19720 -

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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.

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NRC Device Key **667280** (Internal Control Number)

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

Distributor License Number: IL-01010-02

Manufacturer Name: KAY-RAY/SENSALL, INC.

Device Model (Not Source Model): 7064

Device Serial Number: S95E1808

Transfer Date (Receipt Date): 05/24/1995

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 CS137

500.00000000

mCi

2

3

4

5

6









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

Transfer Date:

NRC Device Key:  
(from Section 2 or 6)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Company Name:

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Department:

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Address Line 1:

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Address Line 2:

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City:

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State:   Zip Code:     -

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

Last Name:

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First Name:

Middle Initial:

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<input type="text"/>
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Telephone Number:         Extension:

Title:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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-fm/doc-collections/cfr>)

*Robert G. Aubrey*

*11/30/15*

**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**

**SECTION 6**

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**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: