



**SECTION 1** 

PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

07 - 2015 10 CFR 31.5

GL-704495-20

NRC FORM 664

### **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 GL-704495-20

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: DR PEPPER SNAPPLE GROUP

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City	:			HOL	.LAN	D												
Stat	e: N	11					Zip (	Code	: 49	423								
							NRC not		) hei	12	et R	pt Da	cess	MMD ion	Num	(YY)      bër:		





GL-704495-20 11/02/2015 **SECTION 1** 

PAGE 2 of 2

#### **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	Nam	ie:	MUR	RAY	,																				
First	st Name: CHARLES													Middle Initial: A											
													]												
Tele	phon	e:	(616	) 294	4-508	52								Extension:											
Title	itle: PLANT MANAGER																								

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).

De	эp	ari	tm	en	t
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Address Line 1:	Address Line 1: 777 BROOKS AVENUE														
Address Line 2:															
City:	HOLLAND														
State: MI	Zip Code: 49	423 -													





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11/02/2015						SECTION 2
Our records indicate that yon NRC Device Key	ou nave tne 681689		Control Numbe		ation as necess	sary. PAGE 1 of 1
Distributor/Distributed By:		Dynamics Co.		<i>,</i> ,		
Distributor License Number:	1586-70GI	-				
Manufacturer Name: INDUST	RIAL DYNAI	VICS CO., LT	ſD.			
Device Model (Not Source Mo	del): FT-50-	C	<u></u>		E	
Device Serial Number: 112243	3 		<u> </u>		<u> </u>	
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Transfer Date (Receipt Date):	02/15/1993				Not in possession complete Section	of device (Also 4.)
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Isotope (e.g. AM241)	ŀ	Activity (e.g. 1	100)	,		Unit (e.g. mCi)
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GL-704495-20

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11/02/2015

#### **SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

**SECTION 3** 

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION	PAGE 1 of 1
Provide information about other devices you have that are subject to registration. Do not report specifically li	censed devices.
Manufacturer Name	

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Devi	ce S	erial	Num	ber	_							_						 				,		-	
1.1		·	ام مر م	-1-4-			01	Manu	ufact	urer/	Initia	l Tra	nsfei	ror lis	sted a	abov	е								
from	O Manufacturer/Initial Transferor listed above How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?															<u> </u>	1								
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GL-704495-20
11/02/2015

### **SECTION 4 - NOT IN POSSESSION OF DEVICE**

SECTION 4 PAGE 1 of 1

Provide information about devices li	isted in Section 2 or 6, but	t no longer in your possession.
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Part 1				Т	Transfer Date:														
NRC Device Key:																			
(from Section 2 or 6)					L-	MM	↓ 1	ـــــا ۲	 DD	l I	 Y	YY'	 Y						
Location of the Device	Э:																		
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				• •					a Spe	cific	Lice	nsee	(No	t the	man	lufac	:ture	r)	
<ul> <li>Returned to Mar</li> </ul>					-	•		Part :	2)										
Part 2 License Numb	er of Recipien	nt (if transf	erred to	a spe	cific I 1	icens	see):												
Company Name:					-														
																			]
Department:	· · · ·																-		_1
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Last Name:			···· , ···												·			_	_
First Name:												М	iddle	e Initi	ial:				
Telephone Number:		]		7	, 				E	xten	sion:				1				
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GL-704495-20 11/02/2015

## **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)

11/24/2015

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.





GL-704495-20 11/02/2015

### SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

**SECTION 6** 

PAGE 1 of 1

NRC Device Key:

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Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: