



GL-710284-20  
01/05/2016  
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  
GL-710284-20

**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: OMNISOURCE CORPORATION

[Empty grid boxes for company name continuation]

Department:

[Empty grid boxes for department]

Address Line 1: 7575 WEST JEFFERSON BLVD

[Empty grid boxes for address line 1 continuation]

Address Line 2:

[Empty grid boxes for address line 2]

City: FORT WAYNE

[Empty grid boxes for city continuation]

State: IN

[Empty grid boxes for state]

Zip Code: 46804 -

[Empty grid boxes for zip code]

**For NRC Use Only  
(Do not write here)**

Category: [Empty grid boxes]

Packet Receipt Date (MMDDYYYY):  
[Empty grid boxes]

Accession Number:  
[Empty grid boxes]





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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: SPURGEON

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First Name: DWANE

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Middle Initial:

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Telephone: (260) 439-8125

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

Extension:

--	--	--	--	--

Title: QUALITY MANAGER

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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: QUALITY

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Address Line 1: 7575 W JEFFERSON BLVD

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Address Line 2:

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City: FORT WAYNE

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State: IN

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Zip Code: 46804 -

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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 11040 (Internal Control Number)

Distributor/Distributed By: Panametrics Inc.

Empty grid for distributor information

Distributor License Number: 20-07181-04G

Empty grid for distributor license number

Manufacturer Name: PANAMETRICS INC.

Empty grid for manufacturer name

Device Model (Not Source Model): PANALYZER 4000

Empty grid for device model

Device Serial Number: 654

Empty grid for device serial number

Transfer Date (Receipt Date): 01/21/2004

Empty grid for transfer date

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	10.000000000	mCi
2			
3			
4			
5			
6			







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

**SECTION 4**  
**PAGE 1 of 1**

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)

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):**

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

**Part 3**

**Enter the name of the individual responsible for this device:**

Last Name:

First Name:

Middle Initial:

Telephone Number:

Extension:

Title:





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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)**

4/4/16

**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.

